FORM 4

☐ Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

☐ Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

OMB APPROVAL
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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *				2.]	<u> </u>								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Flees Lori A	nn			VA	LV	OLIN	E INC	[V	VV]									
(Last)	(First	(First) (Middle)				3. Date of Earliest Transaction (MM/DD/YYYY)							X Director10% Owner1 Officer (give title below) Other (specify below)					
100 VALVOLINE WAY, SUITE 100					2/8/2024								President & CEO					
	(Stre	eet)		4.]	[f An	nendmei	nt, Date C	Prigin	nal Fil	led (MM/D	DD/YYYY)	6. Individua	ıl or	Joint/Gr	roup Filing	(Check Appl	icable Line)	
LEXINGTO	N, KY 40)509										X Form filed			ting Person One Reporting F	Parson		
(C	City) (Sta	te) (Zip)									roini incu	by Wi	iore man o	nic Reporting I	CISOII		
			Table I -	- Non-Der	ivat	ive Secu	ırities Ac	quire	ed, D	isposed (of, or Be	neficially Ow	ned					
1. Title of Security (Instr. 3) 2. Trans.			Trans. Date	Exec		3. Trans. Code (Instr. 8)		4. Securities Acquired (A or Disposed of (D) (Instr. 3, 4 and 5)) i	5. Amount of Secu Following Reports (Instr. 3 and 4)				Ownership of Indirection Form: Beneficial Ownership Ownership	Beneficial Ownership		
							Code	v	Amo	(A) o unt (D)	or Price					or Indirect (I) (Instr. 4)	(Instr. 4)	
	Tab	ole II - Der	ivative S	ecurities	Ben	eficially	Owned (e.g.,	puts,	, calls, wa	arrants,	options, conv	ertil	ble secu	ırities)			
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Deem Execution Date, if an			5. Number Derivative Acquired Disposed (Instr. 3,	e Securities (A) or of (D)	6. Date Exercisable and Expiration Date					D Se	8. Price of Derivative Security (Instr. 5)	Securities Beneficially Owned	10. Ownership Form of Derivative Security: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Security			Code	V	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares			Following Reported Transaction(s) (Instr. 4)	or Indirect		
Deferred Stock Units	<u>(1)</u>	2/8/2024		A		44		į	<u>(2)</u>	<u>(2)</u>	Commor Stock	,	44	\$39.36	4,838	D		

Explanation of Responses:

- (1) Each unit represents a contingent right to receive one share of Valvoline common stock upon distribution from the Valvoline Inc. 2016 Deferred Compensation Plan for Employees (the "Deferred Compensation Plan").
- (2) Shares of Valvoline Common Stock become payable in respect of the units upon the event of an unforeseeable emergency (as defined in the Deferred Compensation Plan) or the Reporting Person's death, disability or separation from service, in accordance with the terms of the Deferred Compensation Plan.

Reporting Owners

Pararting Owner Name / Address	Relationships							
Reporting Owner Name / Addres	Director	10% Owner	Officer	Other				
Flees Lori Ann 100 VALVOLINE WAY SUITE 100 LEXINGTON, KY 40509	X		President & CEO					

Signatures

/s/ Ian C. Lofwall, Attorney-in-Fact

2/9/2024

**Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.