FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

| <b>STATEMENT</b> | OF CHANGES | S IN BENEFICIA | <b>AL OWNERSHIP</b> |
|------------------|------------|----------------|---------------------|

| OMB APPROVAL                                 |           |  |  |  |  |  |  |  |  |  |
|--|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number:                                  | 3235-0287 |  |  |  |  |  |  |  |  |  |
| OMB Number: 3235-02 Estimated average burden |           |  |  |  |  |  |  |  |  |  |
| hours per response                           | . 0.5     |  |  |  |  |  |  |  |  |  |

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 for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 1

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(c). Se   | ee Instruction  | 10.   |   |  |                |  |        |  |                 |         |                                 |  |                                      |  |                                       |   |         |  |  |
|--|---|-------|---|--|----------------|--|--------|--|-----------------|---------|---------------------------------|--|--------------------------------------|--|---------------------------------------|---|---------|--|--|
| 1. Name and Address of Reporting Person* Rimmer Nneka Louise     |   |       |   | 2. Issuer Name <b>and</b> Ticker or Trading Symbol Constellation Energy Corp [ CEG ] |                |  |        |  |                 |         |                                 |  | tionship<br>all app                  | ,  | ng Per                                | son(s) to Is  |         |  |  |
| (Last) (First) (Middle) 1310 POINT STREET                        |   |       | 3. Date of Earliest Transaction (Month/Day/Year) 09/30/2024 |  |                |  |        |  |                 |         |                                 | V  |                                      | er (give title   |                                       |   | specify |  |  |
| (Street) BALTIMORE MD 21231 (City) (State) (Zip)                 |   |       |   |  | 4. If <i>I</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year)                 |        |  |                 |         |                                 |  |                                      | 6. Indi<br>Line)   |                                       |   |         |  |  |
|  |   | Table | I - No  | n-Deriva   | tive S         | Secu   | rities | Acc  | uired           | , Dis   | posed of                        | , or B   | enefi                                | cially   | Own                                   | ed  |         |  |  |
| 1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day) |   |       |   | Execution Date,  |                | 3.<br>Transaction<br>Code (Instr. 8)  4. Securities<br>Disposed Of<br>5) |        |  |                 |         | 4 and Securi<br>Benefi<br>Owned |  | cially<br>I Following                | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)        |                                       | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |         |  |  |
|  |   |       |   |  |                | Code   | v      | Amount   | (A) o<br>(D)    | r Price | е                               | Reported<br>Transaction(s)<br>(Instr. 3 and 4) |                                      |  |                                       | (Instr. 4)  |         |  |  |
| Common Stock (Deferred Stock Units) 09/30/20                     |   |       |   | 2024   |                | A  |        | 246  | A               | \$17    | 173.11                          |  | 2,729(1)                             |  | D                                     |   |         |  |  |
|  |   | Tal   | ole II -  |  |                |  |        |  |                 |         | osed of, convertib              |  |                                      |  | Owne                                  | d   |         |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)              | erivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any |       |   | ransaction of ode (Instr. Derivative   |                | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year)           |        | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Insti<br>3 and 4) |                 |         |                                 | derivative<br>Securities                       |                                      | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |   |         |  |  |
|  |   |       |   |  | Code           | v  | (A)    | (D)  | Date<br>Exercis | sable   | Expiration<br>Date              | Title  | Amoun<br>or<br>Numbe<br>of<br>Shares | r  |                                       |   |         |  |  |

## **Explanation of Responses:**

 $1.\ Balance\ includes\ approximately\ 5\ shares\ acquired\ on\ September\ 6,\ 2024\ through\ automatic\ dividend\ reinvestment.$ 

/s/ Brian Buck, Attorney-in-Fact for Nneka L. Rimmer

10/02/2024

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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 Number.