FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Knott Kenneth J. | | | | | 2. Issuer Name and Ticker or Trading Symbol SM Energy Co [SM] | | | | | | | | | 5. Relationship of Reportir (Check all applicable) Director | | | Person(s) to Issuer | | |
|--|---|--------------------|--|--|---|--|--|----------|--|--|---------------|--|--|---|--|----------------|--|---------------------------------------|--|
| (Last) 1775 SHERM | (First) | , | fiddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 12/14/2021 | | | | | | | | X | Officer (give title below) SVP - Bus Dev | | | Other (s below) Land | specify | |
| SUITE 1200 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) DENVER CO 80203 | | | | | | | | | | | | | | Form filed | d by More | than O | ne Reportin | g Person | |
| (City) | (State) | (Z | ip) | | | | | | | | | | | | | | | | |
| | | Ta | able I - Non | n-Derivat | ive S | ecuriti | ies Acq | uired, C | Disp | osed o | f, or l | Benefi | cially Ow | ned | | | | | |
| 1. Title of Security (Instr. 3) | | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | rities Acquired (A) or d Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | v | Amount | | (A) or (D) | Price | 1 | | | | (1134.4) | | |
| Common Stock, \$.01 Par Value 12/ | | | | | | 4/2021 | | M | | 7,664 | | A | (1) | 85,671 | | | D | | |
| Common Stock, \$.01 Par Value 12/ | | | | | 14/2021 | | F | | 1,867 | | D | \$30.18 | 83,804 | | D | | | | |
| | | | Table II - D | Derivative e.g., puts | | | | | | | | | | ed | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | e (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year | Code | Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | e and Am rities Und ative Secu 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficia Owned Following Reported | e s illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) (D) Date Expiration Date Date Title Amount or Number of Shares | | | Transaction(s) (Instr. 4) | | | | | | | | | | |
| Restricted Stock Units | (1) | 12/14/2021 | | М | | | 7,664 | (1) | | (1) | Stoc | mmon ck, \$.01 Value | 7,664 | (1) | 15,32 | 9 | D | | |

Explanation of Responses:

1. Each restricted stock unit represents a contingent right to receive one share of stock. The restricted stock unit grant vests in three equal installments beginning on December 14, 2021. The vested shares will be issued to the Reporting Person on the vesting dates, at which time all restrictions on the vested shares will lapse.

Remarks:

Andrew T. Fiske (Attorney-in-Fact) 12/16/2021

** Signature of Reporting Person Da

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

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.

 $^{^{\}star}$ 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).