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.

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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
1. Name and Address of Reporting Person *					2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer				
								- ~					(Check all app	olicable)			
STORY SUS	AN N				NE	CWI	MON'	Γ Corp	/DE	/ [N.	EM J				400		
(Last) (First) (Middle)				3. I	3. Date of Earliest Transaction (MM/DD/YYYY)							_X_ Director					
` ′	, ,	,	,										Officer (giv	e title below	() Oth	er (specify b	elow)
6900 E. LAYTON AVE., SUITE 700						11/6/2023											
	(Stree	et)			4. I	f Am	endmei	nt, Date C)rigin	al File	d (MM/DI	D/YYY	Y) 6. Individual	or Joint/G	roup Filing	Check Appl	icable Line)
DENVER, CO 80237														X _ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(C	ity) (Stat	te) (Zij	p)														
			Table	I - Nor	-Der	ivati	ve Secu	ırities Ac	quire	ed, Dis	posed of	f, or I	Seneficially Owne	ed			
1. Title of Security				2. Trans	Date		Deemed	3. Trans. Code						5. Amount of Securities Beneficially Owned 6. 7. Na Following Reported Transaction(s) 6. Ownership of In			
(Instr. 3)				Exect Date,	if any			or Disposed of (D) (Instr. 3, 4 and 5))	(Instr. 3 and 4)	.ransaction(s)			Beneficial		
																Direct (D) or Indirect	Ownership (Instr. 4)
								Code	V	Amoui	(A) or	Pric	e			(I) (Instr. 4)	
Common Stock, \$1.6	60 par value			11/6/2	023			A	V	51 9	<u>1)</u> A	\$)		10,636	D	
,	•										l					l	
	Tabl	le II - Der	ivative	Secur	ities l	Bene	ficially	Owned (e.g.,	puts, c	alls, wa	rrant	s, options, convei	tible secu	rities)		
Title of Derivate	2.	3. Trans.	3A. Dee	A. Deemed 4. 7		Code	le 5. Number of		6. D	. Date Exercisable 7. Title and			and Amount of			10.	11. Nature
Security (Instr. 3)	Conversion or Exercise Price of	Date	Execution		ıstr. 8)	Derivative Acquired Disposed		e Securities	and				ies Underlying tive Security			Ownership Form of	of Indirect Beneficial
(Instr. 3)			Date, if	any									3 and 4)				Ownership
	Derivative						(Instr. 3,	4 and 5)							Owned	Security:	(Instr. 4)
	Security					1				1					Following Reported	Direct (D) or Indirect	
					Code	V	(A)	(D)	Date Exer	cisable	Expiration Date		Amount or Number of Shares		Transaction(s) (Instr. 4)	(I) (Instr. 4)	

Explanation of Responses:

(1) Ms. Story is the holder of a separately managed account in which 128 Newcrest Mining Limited ("Newcrest") shares were held. Ms. Story did not have the power to vote or dispose of, or to cause the voting or disposal of, such Newcrest shares or otherwise direct investments within such account. In connection with the implementation of Newmont Corporation's acquisition of Newcrest on November 6, 2023, such Newcrest shares were converted to 51 shares of Newmont common stock as reported above.

Reporting Owners

Panorting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
STORY SUSAN N							
6900 E. LAYTON AVE.	X						
SUITE 700	Λ.						
DENVER, CO 80237							

Signatures

/s/ Logan H. Hennessey, Attorney-in-fact for Susan N. Story

11/8/2023

**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.