|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SEC Form 3 |  |  |  |  |  |  |
| **FORM 3** | **UNITED STATES SECURITIES AND EXCHANGE COMMISSION** |  |  |  |  |  |
|  | Washington, D.C. 20549 |  |  |  |  |  |
|  |  | OMB APPROVAL |  |  |  |
|  |  |  |  |  |  |
|  | **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES** |  |  |  |  |  |
|  |  | OMB Number: | 3235-0104 |  |  |
|  |  |  |  |  |
|  |  |  | Estimated average burden |  |  |  |
|  | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |  | hours per response: | 0.5 |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |



or Section 30(h) of the Investment Company Act of 1940



|  |  |  |
| --- | --- | --- |
| 1. Name and Address of Reporting Person\* | 2. Date of Event Requiring |  |
|  |  | [Flees Lori Ann](http://www.sec.gov/cgi-bin/browse-edgar?action=getcompany&CIK=0001924613) |  | Statement (Month/Day/Year) |  |
|  |  |  | 04/11/2022 |  |
|  |  |  |  |
|  |  |  |  |  |  |

3. Issuer Name **and** Ticker or Trading Symbol

[VALVOLINE INC](http://www.sec.gov/cgi-bin/browse-edgar?action=getcompany&CIK=0001674910) [ VVV ]

|  |  |  |  |
| --- | --- | --- | --- |
|  | (Last) | (First) | (Middle) |
|  | 100 VALVOLINE WAY |  |
|  |  |  |  |
| (Street) |  |  |
|  | LEXINGTON | KY | 40509 |

1. Relationship of Reporting Person(s) to Issuer (Check all applicable)

Director 10% Owner

X Officer (give title below) Other (specify below)

SVP and Pres., Retail Services

1. If Amendment, Date of Original Filed (Month/Day/Year)
2. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person

Form filed by More than One Reporting Person

(City) (State) (Zip)

**Table I - Non-Derivative Securities Beneficially Owned**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **1. Title of Security (Instr. 4)** | **2. Amount of Securities Beneficially** | **3. Ownership Form:** | **4. Nature of Indirect Beneficial Ownership (Instr. 5)** |
|  |  | **Owned (Instr. 4)** | **Direct (D) or Indirect (I)** |  |  |
|  |  |  | **(Instr. 5)** |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Table II - Derivative Securities Beneficially Owned**

**(e.g., puts, calls, warrants, options, convertible securities)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Title of Derivative Security (Instr. 4)** | **2. Date Exercisable and** | **3. Title and Amount of Securities Underlying Derivative** | **4.** |  | **5. Ownership** | **6. Nature of Indirect Beneficial** |  |
|  | **Expiration Date** | **Security (Instr. 4)** |  | **Conversion** | **Form: Direct (D) Ownership (Instr. 5)** |  |
|  | **(Month/Day/Year)** |  |  | **or Exercise** | **or Indirect (I)** |  |  |
|  |  |  |  |  | **Price of** | **(Instr. 5)** |  |  |
|  |  |  |  | **Amount or** |  |  |
|  |  |  |  | **Derivative** |  |  |  |  |  |
|  | **Date** | **Expiration** | **Title** | **Number of** | **Security** |  |  |  |  |  |
|  | **Exercisable** | **Date** | **Shares** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Explanation of Responses:** |  |  |  |  |  |  |  |  |  |  |  |
| **Remarks:** |  |  |  |  |  |  |  |  |  |  |  |
| **No securities are beneficially owned.** |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | /s/ Ian C. Lofwall, Attorney-in-Fact |  |  | 04/19/2022 |  |  |
|  |  |  |  | \*\* 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 5 (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.**

Exhibit 24

POWER OF ATTORNEY

The undersigned hereby appoints each of Julie M. O'Daniel, Ian C. Lofwall and Anthony J. Cieri signing singly, his or her true and lawful atto

1. apply for and obtain on behalf of the undersigned the necessary access codes to file Forms 3, 4, 5 and 144, pursuant to Section 16(a) of t
2. act in a filing agent capacity to perform any and all acts for and on behalf of the undersigned which may be necessary to complete the fil The undersigned hereby grants to each attorney-in-fact the full power and authority, for me and on my behalf, to perform all acts necessary an The undersigned acknowledges that the foregoing individuals are acting under this Power of Attorney at the request of the undersigned and are Each attorney-in-fact shall be authorized to act under this Power of Attorney only so long as such attorney-in-fact is an employee of Valvolin IN WITNESS WHEREOF, the undersigned has executed this Power of Attorney as of the 11th day of April 2022.

/s/ Lori Flees

Signature

Lori Flees

Print Name