### 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.

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

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## 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. 1	2. Issuer Name <b>and</b> Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Lewin Rober	rt H			K	KR	& Co.	Inc. [ F	KKR	[ ]				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	100		
(Last)	(First) (Middle)			3. 1	3. Date of Earliest Transaction (MM/DD/YYYY)						Director10% Owner X Officer (give title below) Other (specify below)				below)	
C/O KKR & CO. INC., 30 HUDSON YARDS					8/4/2023							Chief Financi	ial Office	r		
	(Str	eet)		4. ]	lf Ar	mendmen	it, Date O	rigina	al Fil	ed (MM/D	D/YYYY)	6. Individual o	or Joint/G	roup Filing	(Check Appl	icable Line)
NEW YORK, NY 10001 (City) (State) (Zip)											X _ Form filed by One Reporting Person Form filed by More than One Reporting Person					
1.Title of Security (Instr. 3)				Non-Der	2A. I Exec	Deemed :	3. Trans. Co (Instr. 8)	de	4. Sector Disjoint (Instr.	posed of (D 3, 4 and 5)	nired (A) 5. Fo	Amount of Securiti Ollowing Reported Tastr. 3 and 4)	es Beneficia		or Indirect (I) (Instr.	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ole II - Der 3. Trans. Date	3A. Deemed Execution Date, if any		Ben	eficially  5. Number Derivative Acquired ( Cisposed of (Instr. 3, 4)	of Securities (A) or of (D)	<b>e.g.</b> , p	e Exer	calls, wa	Price  Price  7. Title and Securities Uperivative S (Instr. 3 and	Inderlying Security		9. Number of	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
Restricted Holdings Units	(1	8/4/2023		A		500,0		(1	1)	(1)	Common Stock	500,000	\$0	500,000	D	

### **Explanation of Responses:**

(1) Represents restricted holdings units granted pursuant to the Amended and Restated KKR & Co. Inc. 2019 Equity Incentive Plan, which are subject to market price and cliff service vesting conditions based on average prices of common stock ranging from \$95.80 to \$135.80 and the Reporting Person's continued service to December 31, 2028, subject to exceptions (including continued service if the market price vesting conditions are satisfied between December 31, 2028 and December 31, 2029). Upon vesting, subject to certain conditions, the Reporting Person may exchange one restricted holdings unit for one share of common stock of KKR & Co. Inc. Restricted holdings units that have not vested by December 31, 2029 will be forfeited.

**Reporting Owners** 

<u> </u>								
Panorting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Lewin Robert H								
C/O KKR & CO. INC.			Chief Financial Officer					
30 HUDSON YARDS			Ciliei Filialiciai Officei					
NEW YORK, NY 10001								

#### Signatures

/s/ Christopher Lee, Attorney-in-fact

8/7/2023

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.