FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington,   | D.C. | 20549 |  |
|---------------|------|-------|--|
| wasiiiigtoii, | D.C. | 20049 |  |

| 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

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

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* Giacobbe Ken        |  |           |   | 2. Issuer Name <b>and</b> Ticker or Trading Symbol Howmet Aerospace Inc. [ HWM ] |  |   |                  |       |   |            |   |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify)               |  |      |   |                                       |                                 |  |
|--|--|-----------|---|--|--|---|------------------|-------|---|------------|---|---|--|--|------|---|---------------------------------------|---------------------------------|--|
| (Last) 201 ISAI  |  | First) (I | Middle)                                 |  |  | 3. Date of Earliest Transaction (Month/Day/Year) 02/15/2024 |                  |       |   |            |   |   |  | X Officer (give title Other (specify below)  EVP and CFO   |      |   |                                       |                                 |  |
| (Street) PITTSBU   | URGH P   | A 1       | 5212-5                                  | 4. If <i>I</i>   | 4. If Amendment, Date of Original Filed (Month/Day/Year)   |   |                  |       |   |            |   |   | 5. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person |  |      |   |                                       |                                 |  |
| (City)   | 3)   |           | Zip)                                    |  | Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. |   |                  |       |   |            |   |   |  | ended to   |      |   |                                       |                                 |  |
|  |  | Table     | I - No                                  | n-Deriva   | ative S  | Secu  | rities           | S Acq | uired,                                      | Dis        | posed of  | , or E  | Benefic  | ially O  | vned | <u></u>   |                                       |                                 |  |
| 1. Title of Security (Instr. 3)  2. Transact Date (Month/Day |  |           | Execution<br>y/Year) if any             |  | ution Date,  |   |                  |       | es Acquired (A) or<br>Of (D) (Instr. 3, 4 a |            |   |   | ly   | 6. Owners<br>Form: Dir<br>(D) or Ind<br>(I) (Instr. 4  |      | 7. Nature of Indirect Beneficial Ownership (Instr. 4)                   |                                       |                                 |  |
|  |  |           |   |  |  |   | Code             | v     | Amount                                      | (A)<br>(D) | or Price  | Tran  | saction(s)<br>tr. 3 and 4)   |  |      |   | (1130.4)                              |                                 |  |
| Common   | Stock  |           |   | 02/15/2  | 2024   | .024  |                  | A     |   | 11,380     | A   | \$(   | )  | 345,915  |      | D   |                                       |                                 |  |
| Common Stock   |  |           |   |  |  |   |                  |       |   |            |   |   |  | 672  | 2    |   | I                                     | By<br>Company<br>401(k)<br>Plan |  |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |           |   |  |  |   |                  |       |   |            |   |   |  |  |      |   |                                       |                                 |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)          | erivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any   |           | 4.<br>Transaction<br>Code (Instr.<br>8) |  | of<br>Deriv<br>Secu<br>Acqu<br>(A) o<br>Disport<br>of (D   | osed<br>)<br>r. 3, 4  | Expiration Day/Y |       | ite Amount o                                |            | int of<br>rities<br>rlying<br>ative<br>rity (Instr. | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) |  | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) |      | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4 | Beneficial<br>Ownership<br>(Instr. 4) |                                 |  |
|  |  |           |   |  | Code   |   | (A)              | (D)   | Date<br>Exercisable                         |            | Expiration<br>Date                                  | Title   | Amount<br>or<br>Number<br>of<br>Shares   |  |      |   |                                       |                                 |  |

**Explanation of Responses:** 

/s/ Margaret Lam, Assistant Secretary (Attorney-in-Fact)

02/20/2024

\*\* Signature of Reporting Person

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.