FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | OMB APPROVAL | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| l | Estimated average burden | | | | | | | | | |

0.5

hours per response:

| | Check this box if no longer subject |
|---------------|-------------------------------------|
| $\overline{}$ | to Section 16. Form 4 or Form 5 |
| \cup | 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

| Name and Address of Reporting Person* <u>Striph David Michael</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol Howard Hughes Corp [HHC] | | | | | | | | | ck all app Direc | olicable) etor | ng Person(s) to | | wner | |
|---|--|---------|--------|---|---|--|---|----------------------------------|---------------|--|---|-----------------------------------|---|---|---|--|--|---|--|
| (Last) 9950 W(| (Fir | rst) (M | | 3. Date of Earliest Transaction (Month/Day/Year) 05/11/2023 | | | | | | | | X | Officer (give title below) EVP, Head | | | Other (s below) perations | вреспу | | |
| SUITE 1100 | | | | | | 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) THE WOODLANDS TX 77380 | | | | | | | | | | | X Form filed by One Reporting Pers Form filed by More than One Rep Person | | | | | | | | |
| (City) (State) (Zip) Rule 10b5-1(c) Trans Check this box to indicate that a satisfy the affirmative defense co | | | | | | | | a trans | saction was n | nade pı | ursuant | | | truction or wr | itten p | lan that is int | ended to | | |
| | | Table | l - No | n-Deriva | tive S | ecur | rities | Acq | uired, | Dis | posed of | f, or I | Bene | ficiall | ly Owr | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | //Year) Execution | | ution Date, | | | | ies Acquired (A Of (D) (Instr. 3, | | | | cially 1 | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pi | rice | | rted action(s) . 3 and 4) | | | |
| Common | 2023 | | | S | | 1,902 | D \$74.8 | | 74.83 | 83 8,094 | | | D | | | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | rative Conversion Date Execution Date, if any | | | 4. Transaction Code (Instr. 8) | | 5. Numl of Deriv Secu Acqu (A) o Dispo of (D) (Instr and 5 | rative rities iired r osed) | 6. Date I Expiration (Month/I | on Da | te Amou Secur Unde Deriv Secur | | rities rlying ative | De Se (In | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code V (A) (D | | (D) | Date Exercisa | able | Expiration ole Date Ti | | Amou or Numb of Share | er | | | | | | |

Explanation of Responses:

/s/ David Michael Striph 05/15/2023

** 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 Number.