Phantom

Stock

(1)

Explanation of Responses:

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

F

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

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 [*] Seip David Eric | | | 2. Issuer Name and Ticker or Trading Symbol <u>Ingredion Inc</u> [INGR] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | | |
|---|--|-------------|---|---------------------------|--|--|-------------|--------|--|--|---|--|---|-------------|--|---|----------|
| <u>501p D</u> | | | | | | | | | | | | | Directo | | | | |
| | | | | | 3 Date of | of Farliest Trans | action (M | onth/F | av/Year) | | | | X Officer below) | (give title | | Other (s below) | pecify |
| (Last) | (F | irst) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 10/14/2022 | | | | | | SVP, Globa Ops and CSCO | | | | | | |
| 5 WEST | BROOK C | ORPORATE CE | NTER | | | | | | | | | | 511 | , 01000 0 | ps un | ueseo | |
| , (Street) | | | | | 4. If Ame | endment, Date o | of Original | Filed | (Month/Da | ay/Ye | ear) | 6. Ir Line | idividual or J | oint/Group | Filing (| Check App | blicable |
| WESTC | HESTER I | L | 60154 | | 1 | | | | | | | | X Form fi | led by One | Repor | ting Persor | ı |
| | | | | | | | | | | | | | Form fi Person | led by More | e than (| One Repor | ting |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | |
| | | Tab | ole I - Nor | 1-Deriva | ative Se | curities Ac | quired, | Disp | oosed o | of, c | or Ben | eficial | y Owned | | | | |
| Date | | | 2. Transa Date (Month/D | ay/Year) | , Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | Code | v | Amount | | (A) or (D) | Price Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | |
| | | - | | | | urities Acq s, warrants | | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any | | Date, Ti | ransaction ode (Instr. | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3. 4 and 5) | Expiration Date o (Month/Day/Year) U D (I | | | 7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4) | | | Derivative de Security Se rity (Instr. 5) Be Ov Fo Re | | ly i | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownershi (Instr. 4) | |

Date

1. Represents the aggregate number of shares of phantom stock allocated to the reporting person under the SERP as of the date hereof based on the closing price of a share of the issuer's Common Stock on October 14, 2022. Each phantom stock unit represents the right to receive one share of common stock

Exercisable

(1)

(D)

Expiration

(1)

Date

Title

Commo

Stock

10/14/2022

| Michael N. Levy, attorney-in- | 10/19/2022 |
|-------------------------------|------------|
| fact | 10/19/2022 |

Amount or Number

Shares

55.559

\$82.29

3,094.9191

D

** 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).

v

(A)

55.559

Code

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.