## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

OMB APPROVAL									
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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* <u>Peres Pousada Ernesto JR</u>						2. Issuer Name and Ticker or Trading Symbol Ingredion Inc [ INGR ]									k all appli Directo	tor		10% Ov	vner
(Last) 5 WEST	,	rst) ORPORATE CE	(Middle) NTER			3. Date of Earliest Transaction (Month/Day/Year) 02/06/2018								X	Officer (give title below)  SVP and Pres., \$			Other (specify below)  South America	
(Street) WESTCHESTER IL 60154 (City) (State) (Zip)						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					
		Tab	le I - No	n-Deriv	ative	Sec	curitie	s Ac	quired,	Dis	posed o	of, or Be	nefici	ally	Owned				
1. Title of Security (Instr. 3)  2. Trans. Date (Month/I				Execution D			Code (Instr.   5)					5. Amour Securitie Beneficia Owned F	es Fori ally (D) of Following (I) (I d ion(s)		rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
										v	Amount	(A) or (D)					Price	ce Reported Transact (Instr. 3 a	
Common Stock 02/06					5/2018	/2018		A		863(1	863 <sup>(1)</sup> A		0	9,686.6028(2)			D		
		Т										, or Ben ble secu			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemee Execution I if any (Month/Day	Date,	4. Transa Code ( 8)		ı of		6. Date Exercisal Expiration Date (Month/Day/Year			7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		S (I	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		xpiration ate	Title	Amour or Number of Shares	er					
Employee Stock Options (Right to	\$130.3	02/06/2018			A		7,508		(3)	0	2/05/2028	Common Stock	7,508	3	\$0	7,508		D	

## **Explanation of Responses:**

- 1. These are restricted stock units ("RSUs") issued under the Ingredion Incorporated Stock Incentive Plan. The RSUs may be settled only in shares of common stock (one share per RSU) and will vest on February 6, 2021. In the event of termination of employment due to (a) death, (b) disability or (c) retirement on or after (i) age 65, (ii) age 62 with 5 years of service or (iii) age 55 with 10 years of service, the RSUs will vest on a pro-rata basis using the number of full months employed during the thirty-six month vesting period. Notwithstanding the foregoing, in the event of such retirement on or after February 6, 2019, the RSUs will vest on February 6, 2021.
- 2. Includes RSUs acquired through deemed dividend reinvestment. RSUs acquired through deemed dividend reinvestment vest on the dates when the RSUs with respect to which they are deemed dividends
- 3. These options will vest in three equal annual installments on February 6, 2019, 2020 and 2021.

Christine M. Castellano, 02/08/2018 Attorney-in-Fact

\*\* 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.