FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | OMB AP | PROVAL |
|-----|-------------|----------|
| | OMB Number: | 3235-028 |
| - 1 | | |

37 Estimated average burden hours per response: 0.5

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

| Instruct | ion 1(b). | | | Filed | | | | | | | ties Exchanç mpany Act o | | | 34 | | Hours | регтезро | 1136. | 0.5 |
|--|-----------|---|-----------------|------------|---|-------|---------|--|---|-------------------------|---|----------------|---|---|---|---|--|---------|------------|
| | | | | | _ | | | | | | . , | or 1940 |) | 1- | | | | | |
| 1. Name and Address of Reporting Person* KASTORY BERNARD H | | | | | 2. Issuer Name and Ticker or Trading Symbol CORN PRODUCTS INTERNATIONAL | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| KASTORY BERNARD H | | | | | INC [CPO] | | | | | | | | | X Dire | | 10% O | - | | |
| (Last) | (Fi | rst) (| Middle) | | Date of Earliest Transaction (Month/Day/Yea | | | | | | | | | \dashv | Offi belo | cer (give title ow) | | Other (| specify |
| 5 WESTBROOK CORPORATE CENTER | | | | 10/01/2007 | | | | | | | | | | | | | | | |
| _ | | | | 4. If | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6 | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | IECTED II | | CO4 F 4 | | | | | | J | | ` | , | , | | ne) | · | | | |
| WESTCHESTER IL 60154 | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | son | c man o | пс тер | orung |
| | | Tabl | e I - No | n-Deriva | ative | Secur | ities A | \cq | uired | , Dis | posed o | f, or | Ben | eficia | ally Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | Execution Date, | | Ή. | | | | ies Acquired (A) o Of (D) (Instr. 3, 4 a | | | Secur Benet | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A (D | A) or D) | Price | Trans | action(s) 3 and 4) | | | (Instr. 4) |
| Common Stock 10/01/20 | | | | 2007 | 007 | | | A | | 359.1954 ⁽¹⁾ | | A | \$(| 18,9 | 18,902.1425 ⁽²⁾ | |) | | |
| Common Stock | | | | | | | | | | | | | | 750 | | | By Spouse's Living Trust | | |
| | | Та | | | | | | | | | osed of, convertib | | | | y Owned | I | | | |
| Derivative Conversion Date Security or Exercise (Month/Day/Year) if | | 3A. Deer Execution if any (Month/I | | | ction of the control | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | | | | or | nber | | | | | |

Explanation of Responses:

1. These are restricted stock units issued to the Company's outside directors as part of their annual retainer and are payable in stock no earlier that six months after resignation or retirement as a director and no later than ten years thereafter.

(D)

Date Exercisable

Expiration Date

2. Includes 9.1722 restricted stock units acquired through deemed dividend reinvestment.

Mary Ann Hynes, Attorney in 10/02/2007 **Fact**

** Signature of Reporting Person Date

of Shares

Title

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).

Code

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.