Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C | 20549 |
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| vasilington, | D.C. | 20049 |

| STATEMENT | OF | CHANGES | IN B | ENEFIC | CIAL | OWNER | ≀SHIP |
|-----------|----|---------|------|--------|------|-------|-------|
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| OMB APPROVAL | | | | | | | | | |
|--------------------------|--------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per respons | e: 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

| Name and Address of Reporting Person* Suever Catherine A | | | | | 2. Issuer Name and Ticker or Trading Symbol Ingredion Inc [INGR] | | | | | | | | | ationship k all app Direc | , | ng Pe | rson(s) to Is | | |
|--|--|--|------------------------------|-----------------|--|--|--|---|---|--------|-------------|---|---|---------------------------------|---|--|---------------|---------------|---------|
| (Last) 5 WEST | | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2022 | | | | | | | Office belov | er (give title v) | | Other (below) | specify |
| (Street) WESTC | HESTER II | | 50154 Zip) | | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/N | | | . | Execution Date, | | , | | | Acquired (A) or (D) (Instr. 3, 4 a | | | 5. Amo Securit Benefic Owned Report | ties cially Following | Fori | m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | v | Amount | (A) (D) | (A) or (D) Pri | | Transa | ransaction(s) Instr. 3 and 4) | | | (111511.4) | |
| Common Stock 04/01/20 | | | | |)22 | | | | A | | 438.2889(1 |) A | \$ | 35.56 | 1,379 | 9.8795 ⁽²⁾ | | 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) | ative Conversion or Exercise (Month/Day/Year) Execution Date, if any C Derivative Security | | 4. Transa Code (8) | (Instr. | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares | | De Ser (In: | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

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 than six months after resignation or retirement as a director and no later than ten years thereafter.
- 2. Includes restricted stock units (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 vest.

Michael N. Levy, attorney-in-** Signature of Reporting Person

fact

04/05/2022

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.