FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D C	20540
wasiliigton,	D.C.	20040

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-028								
Estimated average burden								
hours ner resnonse.	0.5							

					or	Secti	on 30(h)	of the	İnvestme	nt Co	mpany Act	of 1940							
1. Name and Address of Reporting Person*  Kokke Jorgen						2. Issuer Name and Ticker or Trading Symbol Ingredion Inc [ INGR ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner				
(Last) (First) (Middle) 5 WESTBROOK CORPORATE CENTER					02	3. Date of Earliest Transaction (Month/Day/Year) 02/15/2023									X Officer (give title Other (specify below)  EVP, President Americas				
(Street) WESTC	HESTER II		60154 (Zip)		-   <b>4</b> .   -	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	ndividual or Joint/Group Filing (Check Applicable  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - No	n-Deri	vativ	e Se	curities	s Ac	quired,	Dis	sposed o	f, or B	ene	ficiall	y Owned				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution Date,		3. Transaction Disposed (Code (Instr. 5)					5. Amour Securities Beneficia Owned Fe	s Fo ally (D following (I)		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
										v	Amount	(A) (D)	or F	Price	Transacti (Instr. 3 a	tion(s)			(111511.4)
Common Stock 02/1			02/1:	5/2023	2023		A		3,403(1)			<b>\$98.69</b>	59 36,537.2356 <sup>(2)</sup>			D			
		•	Table II -								osed of, converti				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transa Code ( 8)		5. Numi of Derivat Securit Acquire (A) or Dispos of (D) (I 3, 4 and	or				mount	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	s Blly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	e V	(A)		Date Exercisal		Expiration Date	Title	of SI	nares					
Employee				П															

## **Explanation of Responses:**

Options

(Right to Buy)

1. These are restricted stock units ("RSU's") issued under the Ingredion Incorporated Stock Incentive Plan. The RSU's may be settled only in shares of common stock (one share per RSU) and will vest on February 15, 2026. In the event of termination of employment due to (a) death (b) disability or (c) retirement (as defined in the grant agreement), the RSU's will vest on a pro-rata basis. Notwithstanding the foregoing, in the event of Retirement on or after February 15, 2024, the RSU's shall continue to vest in accordance with the vesting schedule.

(3)

02/15/2033

- 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
- 3. These options will vest in three equal annual installments on February 15, 2024, 2025 and 2026.

Michael N. Levy, attorney-infact

14,441

Stock

02/17/2023

14,441

D

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

02/15/2023

\*\* 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.