Instruction 1(b).

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

## OMB APPROVAL 3235-0287 Estimated average burden hours per response: 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

1. Name and Address of Reporting Person*  Perez y Landazuri Pierre						2. Issuer Name and Ticker or Trading Symbol Ingredion Inc [ INGR ]								(Chec	k all app Direc	tionship of Reportir all applicable) Director Officer (give title		rson(s) to Is 10% O Other (s	wner
(Last) (First) (Middle) 5 WESTBROOK CORPORATE CENTER						3. Date of Earliest Transaction (Month/Day/Year) 03/16/2021								X	below	below)  SVP and Pres		below)	specify
(Street) WESTCHESTER IL 60154					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Sta		Zip)																
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	, Dis	posed of	, or E	Benefi	cially	y Own	ed			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)						Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acqu Disposed Of (D) (In					5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) ( (D)	Pric	е	Transac (Instr. 3	ction(s)			(111541. 4)
Common Stock 03/16/20						021			A		914 <sup>(1)</sup> A		\$9	2.03	6,372.8703(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)	2. Conversion or Exercise Price of Derivative Security	xercise (Month/Day/Year) if any e of vative (Month/Day/Year)		4. Transaction Code (Instr. 8)		of Deriv	r osed ) r. 3, 4	Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)			
					Code		(A) (D)		Date Exercisable		Expiration Date	Title Share							

## **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 as follows: - Regular Vesting: The RSUs will vest one-third per year at the end of years one, two and three. - Upon Death, Disability or Retirement (defined as age 55 with 10 years of service, age 62 and 5 years of service, (or age 65): the RSUs will vest on a pro-rata basis using the number of full months employed during the thirty-six month vesting period. Any outstanding RSU granted more than one-year prior to retirement would be 100% vested. - Change-in-control ("CIC"): "Double trigger" in the event grants are not assumed or equitably replaced after CIC, accelerated vesting would occur upon a qualifying termination event

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-infact

03/18/2021

\*\* Signature of Reporting Person

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.