FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APF | PROVAL |
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| DCHID | OMB Number: | 3235-028 |

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0.5

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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|---|--|--------|--------------------------|--|---|--|---|---|-------------|--|---|----------|--------------|----------------------------|-------------|---|---|--|---|--|--|
| Name and Address of Reporting Person* Castellano Christine M. | | | | | | 2. Issuer Name and Ticker or Trading Symbol Ingredion Inc [INGR] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
| (Last) 5 WEST | (Fii BROOK CO | rst) (| Middle) NTER | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/27/2014 | | | | | | | | | X | Offic | er (give title w) | orp. S | Other (specify below) p. Sec. & CCO | | |
| (Street) WESTCI | HESTER II | | 60154 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | . Indivine) | Forn Forn | ral or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | uritie | s Acc | quired, | Dis | posed o | f, or | Ben | efici | ally | Owne | ed | | | | |
| Date | | | Date | . Transaction Pate Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | and Secur Benef Owne | | cially I Following | Fori (D) | wnership m: Direct or Indirect instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | v | Amount | (A (E | () or () | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | | |
| Common | Stock | | | 01/27 | /2014 | 2014 | | | F | | 415(1) | | D | \$63 | 3.43 5,37 | | 76.0407 ⁽²⁾ | | D | | |
| Common Stock | | | | | | | | | | | | | | | 1,654.19 | | | I | By 401(k) Plan | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 2. Conversion or Exercise Instr. 3) 2. Conversion or Exercise Price of Derivative Security 2. Conversion of Date (Month/Day/Year) 3. Transaction Date Execution Date if any (Month/Day/Year) (Month/Day/Year) | | | n Date, ay/Year) - | Code (I | 5. Numbe of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | rative rities iired r osed) . 3, 4 | 6. Date Expiratic (Month/E | on Dat | е | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of | | ount nber | nt er | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

- $1.\ Shares\ withheld\ to\ pay\ applicable\ taxes\ upon\ the\ vesting\ of\ 1,100\ shares\ of\ restricted\ stock\ granted\ on\ January\ 27,\ 2009.$
- $2. \ Includes \ restricted \ stock \ units \ acquired \ through \ deemed \ dividend \ reinvestment.$

Christine M. Castellano 01/29/2014

** 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.