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

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

**OMB APPROVAL** OMB Number: 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* <u>Castellano Christine M.</u>				2. Issuer Name and Ticker or Trading Symbol Ingredion Inc [ INGR ]										ck all applic Directo			10% Ow	ner	
(Last) 5 WEST	`	irst) ORPORATE CE	(Middle) NTER			3. Date of Earliest Transaction (Month/Day/Year) 02/03/2015									below)	-	Other (specify below)  rp. Sec. & CCO		, l
	HESTER II	L	60154		4.1	If Ame	endment, [	Date o	f Original	Filed	(Month/Da	ay/Year)		6. Ind Line)	Form f	iled by One	e Repo	(Check Apporting Person	.
(City)	(S	•	(Zip)		- 41	- 0-	141			Dia		f D	6		. 0	1			
1. Title of Security (Instr. 3)			2. Trans	ransaction e		2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4 Transaction Code (Instr. 5		4. Securi	sed of, or Benefic  Securities Acquired (A) (isposed Of (D) (Instr. 3, 4)		or 5. Amou and Securitie Beneficia Owned F		nt of s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: Direct c r Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	or Pri	ice	Reported Transact (Instr. 3 a	ion(s)		[	Instr. 4)
Common Stock (			02/0	3/2015				Α		1,400	(1) A	A		8,091.	.4893(2)		D		
Common	Stock														960	).771		I 4	By 401(k) Plan
		-	Table II -								osed of, onverti				Owned		,		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		n of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	is Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisab		xpiration ate	Title	Amo or Num of Shar	ber					
Employee Stock Options (Right to	\$82.28	02/03/2015			A		11,200		(3)	(	)2/02/2025	Commor Stock	11,2	200	\$0	11,200	0	D	

## **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 on February 3, 2018. In the event of termination of employment due to (a) death, (b) disability or (c) retirement on or after (i) age 65, (ii) age 62 with 5 years of service or (iii) age 55 with 10 years of service, the RSUs will vest on a pro-rata basis using the number of full months employed during the thirty-six month vesting period.
- 2. Includes 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.
- 3. These options become exercisable in three equal annual installments on February 3, 2016, 2017 and 2018.

Christine M. Castellano

02/05/2015

\*\* 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).
- \*\* 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.