FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	
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OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average b	ourden								

0.5

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Zallie James P.						2. Issuer Name and Ticker or Trading Symbol Ingredion Inc [INGR]									ationship k all appli Directo	,				
(Last) 5 WEST		3. Date of Earliest Transaction (Month/Day/Year) 08/29/2024									Officer (give title Other (specify below) President and CEO									
(Street) WESTCHESTER IL 60154					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate) ((Zip)												1 01301	'				
			le I -							red, [Disposed			cially						
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)				Execution		ate,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			Beneficia Owned Fo		es ially Following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) or (D)	Price		Reported Transaction (Instr. 3 and				(11150: 4)		
Common Stock 08/29			08/29/20	24	4			M		3,981	A	\$99	9.96	56,51	11.1391		D			
Common	Common Stock 08/29/202			24				S ⁽¹⁾		3,981	D	\$134.	0205(2)	52,53	530.1391		D			
Common	Stock														73	73,530 D				
		Т	able								sposed of				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exect if any	eemed ution Date, th/Day/Year)		5. N of Deri Sec Acq (A) (Disp of (I		oosed 0) tr. 3, 4	1			Amour Securi Under Deriva	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	or	ount nber res						
Employee Stock Options	\$99.96	08/29/2024			M			3,981		(3)	02/01/2026	Comm		981	\$0	22,550		D		

Explanation of Responses:

(Right to

- 1. The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on May 4, 2023.
- 2. The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$134.000 to \$134.090, inclusive. The reporting person undertakes to provide full information as requested regarding the number of shares sold at each separate price.
- 3. These options vested in three equal annual installments on February 2, 2017, 2018 and 2019.

Michael N. Levy, attorney-in-<u>fact</u>

Stock

08/30/2024

** 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.