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**

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

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per response: 0.5							

Form: Direct (D)

or Indirect

(I) (Instr. 4)

Beneficial

Ownership (Instr. 4)

											_				
1. Name and Address of Reporting Person*  HANRAHAN PAUL T				2. Issuer Name <b>and</b> Ticker or Trading Symbol  Ingredion Inc [ INGR ]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
HANKAHAN PAUL I					maranan me							X Direc	tor	10% C	wner
(Last) (First) (Middle) 5 WESTBROOK CORPORATE CENTER			3. Date of Earliest Transaction (Month/Day/Year) 10/03/2022						Office below	er (give title v)	Other below)	(specify			
				4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable					
(Street) WESTC	HESTER II	L 6	50154								Lin	X Form	filed by Mo	e Reporting Per re than One Rep	
(City)	(Sta	ate) (Z	Zip)									Perso	חו		
		Table	I - No	on-Deriva	tive	Securities A	quire	d, Di	sposed of,	or Be	neficia	ally Own	ed		
1. Title of	Security (Inst			on-Deriva 2. Transactio Date (Month/Day/Y	n Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)	ction	sposed of,  4. Securities A Disposed Of (D	cquired (	A) or	5. Amo Securit Benefic Owned	unt of ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
1. Title of	Security (Inst			2. Transactio Date	n Year)	2A. Deemed Execution Date, if any	3. Transa Code (	ction	4. Securities A	cquired (	A) or	5. Amo Securit Benefic	unt of ies cially Following ed ction(s)	Form: Direct (D) or Indirect	of Indirect Beneficial
1. Title of a				2. Transactio Date	rear)	2A. Deemed Execution Date, if any	3. Transa Code ( 8)	iction Instr.	4. Securities A Disposed Of (D	cquired ( ) (Instr. :	(A) or 3, 4 and	5. Amo Securit Benefic Owned Report Transa (Instr. 3	unt of ies cially Following ed ction(s)	Form: Direct (D) or Indirect	of Indirect Beneficial Ownership
		ir. 3)		2. Transactio Date (Month/Day/\)  10/03/202  - Derivati	rear)	2A. Deemed Execution Date, if any	3. Transa Code ( 8) Code	v V Dis	4. Securities A Disposed Of (E) Amount 750.5704(1) posed of, o	(A) or (D)	Price \$81.7	5. Amo Securit Benefic Owned Report Transa (Instr. 3	unt of ies cirally Following ed ction(s) and 4)	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership

(Month/Day/Year)

## **Explanation of Responses:**

(Month/Day/Year)

or Exercise Price of Derivative

Security

Security (Instr. 3)

1. These are restricted stock units issued to the Company's outside directors as part of their annual retainer and are payable in stock no earlier that six months after resignation or retirement as a director and no later than ten years thereafter.

Date

Exercisable

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

Underlying

Security (Instr. 3 and 4)

Amount Number

Shares

Securities

Derivative

Title

Security (Instr. 5)

Securities

Following

Reported

Transaction(s) (Instr. 4)

Owned

Beneficially

10/04/2022

Expiration

Date

\*\* Signature of Reporting Person Date

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

if any (Month/Day/Year)

- \* 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).

Code (Instr.

8)

Code

Derivative

Securities Acquired

(A) or Disposed

of (D) (Instr. 3, 4

and 5)

(A) (D)

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.