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UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject | rt to |
|-------------------------------------|-------|
| Section 16. Form 4 or Form 5 | 51 10 |
| obligations may continue. See | |
| | |
| Instruction 1(b). | |

FORM 4

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

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

| 1. Name and Address of Reporting Person [*] VANDERVOORT RICHARD M (Last) (First) (Middle) 5 WESTBROOK CORPORATE CENTER | 2. Issuer Name and Ticker or Trading Symbol <u>CORN PRODUCTS INTERNATIONAL</u> <u>INC</u> [CPO] 3. Date of Earliest Transaction (Month/Day/Year) 05/19/2004 | | tionship of Reporting Pe all applicable) Director Officer (give title below) VP, Bus Dev, IR, | 10% Owner Other (specify below) |
|---|--|------------------------|--|---------------------------------------|
| (Street) WESTCHESTER IL 60154 (City) (State) (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | vidual or Joint/Group Filir Form filed by One Rep Form filed by More tha Person | porting Person |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. 8) | | 4. Securities Disposed Of | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|-----------------------------------|--|------------------------------|---------------------|-------------------|---|---|---|
| | | | | | Amount | (A) or (D) Price | | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 05/19/2004 | | М | | 10,000 | A | \$ <mark>0</mark> | 10,643 | D | |
| Common Stock | 05/19/2004 | | S | | 10,000 | D | \$44.0008 | 643 | D | |
| Common Stock | | | | | | | | 19,143.918 | I | By 401(k) Plan |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | (e.g., puts, cars, warants, options, convertible securities) | | | | | | | | | | | | | | |
|---|---|--|---|------------------------------|---|-----|--------|--|--------------------|---|--|---|--|--|--|
| 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. Transa Code (8) | | of | | 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 Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Options (Right to buy) | \$0 | 05/19/2004 | | М | | | 10,000 | 12/03/2003 | 12/03/2013 | Common Stock | 10,000 | \$44.0008 | 61,000 | D | |

Explanation of Responses:

Marcia E. Doane, Attorney in

<u>fact</u>

05/21/2004

** 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.