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

Machinatan	D C	20540	
Nashington,	D.C.	20049	

STATEMENT	OF CH	ANGES IN	N BENEFICIAL	. OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden

0.5

hours per response:

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* Adefioye Elizabeth						2. Issuer Name and Ticker or Trading Symbol Ingredion Inc [INGR]						(Ched	k all app Direc	ationship of Reporting Po call applicable) Director Officer (give title below) SVP and Chief Hur		son(s) to Is 10% O Other (wner		
(Last) (First) (Middle) 5 WESTBROOK CORPORATE CENTER						3. Date of Earliest Transaction (Month/Day/Year) 03/16/2021						X	belov			below)	' '		
(Street) WESTC (City)	HESTER II		50154 Zip)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Ind Line) X	Form filed by More than One Reporting Person Form filed by More than One Reporting Person							
		Table	I - No	n-Deriva	tive S	Secu	rities	Acc	uired	, Dis	posed of	, or E	Bene	iciall	y Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date			2. Transact Date (Month/Day	ion 2A. Deemed Execution Date,		3. Transaction Disposed Of (D) (Instr. 3 5)		red (A str. 3,	4 and Securi Benefi Owned		ies ially Following	Form:	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership					
								Code	v	Amount	(A) c (D)	Pr	ice	Reporte Transac (Instr. 3	ction(s)			(Instr. 4)	
Common Stock 03/16/			03/16/2	.021			A		1,358(1)	A	\$	92.03	12,98	2.1596 ⁽²⁾		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any		4. Transa Code (8)	(Instr.	Str. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date		7. Title and Amount of Securities Underlying Derivative Security (Insi 3 and 4) Amou or Numbo of Title Share:		Service (In	Price of privative scurity estr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y C	IO. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

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 as follows: - Regular Vesting: The RSUs will vest one-third per year at the end of years one, two and three. - Upon Death, Disability or Retirement (defined as age 55 with 10 years of service, age 62 and 5 years of service, (or age 65): the RSUs will vest on a pro-rata basis using the number of full months employed during the thirty-six month vesting period. Any outstanding RSU granted more than one-year prior to retirement would be 100% vested. - Change-in-control ("CIC"): "Double trigger" in the event grants are not assumed or equitably replaced after CIC, accelerated vesting would occur upon a qualifying termination event

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

03/18/2021

** Signature of Reporting Person

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.