SEC Form 4	
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## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL

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

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

	ions may contin tion 1(b).	nue. See		File					a) of the See Investment				934		hours	per res	sponse:	0.5	
1. Name and Address of Reporting Person <sup>*</sup> Fernandes Larry						2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Ingredion Inc</u> [ INGR ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) 5 WESTBROOK CORPORATE CENTER						3. Date of Earliest Transaction (Month/Day/Year) 02/13/2024								X Officer (give title Other (specify below) below) SVP, Chief Comm & Sust Officer					
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
WESTCHESTER IL 60154					_	Form filed by More than One Reporting Person													
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication													
		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									110								
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				action	ction 2A. Deemed Execution D ay/Year) if any		A. Deemed xecution Date, any		3. Transaction Code (Instr.		ities Acquired (A) c d Of (D) (Instr. 3, 4		5. Amou 5) Securiti Benefici	unt of ies cially Following	Form (D) or	r Indirect E str. 4) 0	7. Nature of Indirect Beneficial Ownership		
									Code	V	Amount	(A) or (D)	Price	Transac (Instr. 3	ction(s)			(Instr. 4)	
Common Stock 02/13/2									Α		1,429(1		<b>\$108.3</b>		6.0573		D		
		Т	able II -						uired, Di s, option					Owned					
1. Title of Derivative Security (Instr. 3)     2.     3. Transaction Date Price of Derivative Security       1. Transaction     0.00000000000000000000000000000000000			Execution Date, if any		4. Transaction Code (Instr. 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 derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares						
Employee Stock Options (Right to Buy)	\$108.38	02/13/2024			A		5,934		(2)	0	2/13/2034	Common Stock	5,934	\$0	5,934		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 13, 2027. In the event of termination of employment due to (a) death (b) disability or (c) retirement (as defined in the grant agreement), the RSUs will vest on a pro-rata basis. Notwithstanding the foregoing, in the event of Retirement on or after February 13, 2025, the RSUs shall continue to vest in accordance with the vesting schedule.

2. These options will vest in three equal annual installments on February 13, 2025, 2026, and 2027.

Michael N. Levy, attorney-in-02/15/2024 fact

\*\* Signature of Reporting Person Date

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

 $^{\ast}$  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.