FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Kokke Jorgen</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol Ingredion Inc [ INGR ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title) Other (spec				vner	
(Last) 5 WEST		3. Date of Earliest Transaction (Month/Day/Year) 02/03/2015								X Officer (give title Other (specify below) Sr VP & Pres, Asia-Pacific									
(Street) WESTCHESTER IL 60154 (City) (State) (Zip)					-	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
		Tab	le I - No	n-Deriv	/ative	e Se	curitie	s Ac	quirec	l, Dis	sposed o	of, or Be	neficia	ally Owner	k				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						ar) E	A. Deemed execution Date, any Month/Day/Year)		3. Transaction Code (Instr.		Dispose	ities Acquir d Of (D) (Ins		Beneficia Owned F	s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D) Prid		Transact	Reported Transaction(s) Instr. 3 and 4)			(Instr. 4)	
Common Stock 02/03/						2015			A		900(1	900 <sup>(1)</sup> A		6,906.8163(2)(3)			D		
		Т									osed of converti			y Owned				•	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transa Code ( 8)		n of l		6. Date I Expiration (Month/I	n Dat		Amount of		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Own Form Direct or In (I) (In	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares						
Employee Stock Options (Right to Buy)	\$82.28	02/03/2015			A		7,500		(4)		02/02/2025	Common Stock	7,500	\$0	7,500		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 3, 2018. In the event of termination of employment due to (a) death, (b) disability or (c) retirement on or after (i) age 65, (ii) age 62 with 5 years of service or (iii) age 55 with 10 years of service, the RSUs will vest on a pro-rata basis using the number of full months employed during the thirty-six month vesting period.
- 2. Includes 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.
- 3. Includes 300 shares held in joint tenancy with the reporting person's spouse, Anna M. Kokke-Radelaar.
- $4. \ These \ options \ become \ exercisable \ in \ three \ equal \ annual \ installments \ on \ February \ 3, \ 2016, \ 2017 \ and \ 2018.$

Christine M. Castellano, Attorney-in-Fact 02/05/2015

\*\* 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.