\Box

Employee Stock

\$88.66

Explanation of Responses:

Options (Right to

Buy)

FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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

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 [*] Jaeger de Foras Tanya Martina | | | | 2. Issuer Name and Ticker or Trading Symbol <u>Ingredion Inc</u> [INGR] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
|---|---|--|-------------------------------|---|---------|------------------------------|---------------------------|--------|------------------------------|---|---|---------------------------------------|---|---|---------------------|---|---------------------------------------|
| | | | | | L | | | | | | | Director | | | 10% O | wner | |
| | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | - X | Officer (below) | | | Other (below) | specify | | |
| (Last) (First) (Middle) | | | | 02/16/2022 | | | | | | Chief | Legal O | fficer. | Corp. Se | c | | | |
| 5 WESTBROOK CORPORATE CENTER | | | | | | | | | | | | | | | | | |
| (Street) | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 02/18/2022 | | | | | | 6. Ind Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| · / | HESTER I | L | 60154 | | 02/10/. | 2022 | | | | | | X | Form fil | ed by One | e Repor | ting Perso | n |
| (City) | (6 | (toto) | (7 in) | | | | | | | | | | Form fil Person | ed by Mor | e than (| One Repo | rting |
| (City) | (3 | State) | (Zip) | | | | | | | | | | | | | | |
| | | Та | ble I - Nor | n-Deriva | ative S | ecurities A | quire | d, Dis | posed | of, o | r Bene | ficially | Owned | | | | |
| Date | | | 2. Transa Date (Month/D | Execution Date, | | Code (Instr. 5) | | | | | | 6. Owr Form: (D) or (I) (Ins | Direct Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | Cod | e V | Amount | | (A) or (D) | Price | Transacti (Instr. 3 a | ion(s) | | | (30. 4) |
| | | | | | | | | | | | | | | | | | |
| | | | | | | curities Acc lls, warrant | | | | | Benef | |) wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | | (e.g., pu ate, 4. Tra Co | | | 6. Dat Expira (Mont | ons, | convert isable and ite | 7. of Un De | Benef | ties) Amount s Security | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) |

Date Exercisable

(2)

(D)

Expiration Date

02/16/2032

fact

Title

Common

Stock

Amount or Number

of Shares

10,805

Michael N. Levy, attorney-in-

** Signature of Reporting Person

\$88.66

10,805

04/06/2022

Date

D

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

Filing corrects an error in the number of options previously reported to add an additional 301 options
 These options will vest in three equal annual installments on February 16, 2023, 2024, and 2025.

* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

02/16/2022

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code V

A

(A)

10,805⁽¹⁾

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.