FORM 4

SECURITIES AND EXCHANGE COMMISSION **UNITED STATES**

Washington, D.C. 20549

SECURITIES AND EXCHANGE COMMISSION	וכ	Ν
------------------------------------	----	---

OMB APPROVAL

- 1	•								
	OMB Number:	3235-0287							
	Estimated average burden								
	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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative

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

Name and Address of Reporting Person* Fernandes Larry						2. Issuer Name and Ticker or Trading Symbol Ingredion Inc [INGR]								Relationship leck all appl Direct	cable) or		0% Ov	/ner		
(Last) (First) (Middle) 5 WESTBROOK CORPORATE CENTER							3. Date of Earliest Transaction (Month/Day/Year) 10/10/2024								Officer (give title below) SVP, Chief Comm & Sust Officer					
(Street) WESTCI	HESTER II		4. If Amendment, Date of Original Filed (Month/Day/Year) 10/15/2024								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person Person									
		Tab	le I - No	n-Deriv	ative	Sec	curitie	es Ac	quired	, Dis	sposed o	of, or Be	neficial	lly Owne	d					
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. r) 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			4 and 5) Securities Beneficially Owned Followi		6. Ownershi Form: Direc (D) or Indire (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)		- [(Instr. 4)		
Common Stock				10/10	0/2024				F		35(1)	D	\$133.5	58 29,00	29,008.2738					
Common Stock												6,08	6,086.728		·	By 401(k) Plan				
		Т	able II -								osed of converti			/ Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deen Executio if any (Month/D	n Date,	4. Transaction Code (Instr 8)		on of		6. Date E Expiratio (Month/D	n Dat	Amount of		f g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4		Beneficia Ownersh t (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares							
Employee Stock Options	\$108.38								(2)		02/13/2034	Common Stock	5,934		5,934 ⁽⁾	3)	D			

Explanation of Responses:

- 1. Shares withheld to pay applicable taxes arising in connection with participant's February 13, 2024 restricted stock units ("RSUs") grant and participant having attained retirement eligibility under the 2023 Ingredion Stock Incentive Plan. The foregoing amount includes RSUs acquired through deemed dividend reinvestment.
- 2. These options will vest in three equal annual installments on February 13, 2025, 2026, and 2027.
- 3. The tax withholding occurred with respect to the participant's RSUs. The amount of the participant's stock options was unaffected. This amendment corrects the original filing which inadvertently reduced the amount of the participant's stock options

Michael N. Levy, attorney-infact

10/21/2024

** 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.