## Edgar Filing: Fernandes Larry - Form 4

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February 05, 2019 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 4 or Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940							OMB APPROVAL OMB 3235-0287 Number:			
							Expires:January 31, 2005Estimated average burden hours per response0.5			
(Print or Type I	Responses)									
1. Name and Address of Reporting Person <u>*</u> Fernandes Larry			2. Issuer Name <b>and</b> Ticker or Trading Symbol Ingredion Inc [INGR]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 5 WESTBROOK CORPORATE CENTER			<ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>02/02/2019</li></ul>				Director 10% Owner Officer (give title Other (specify below) below) SVP, Sust & Chief Comm Officer			
WESTCHE	4. If Amendment, Date Original Filed(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_Form filed by One Reporting Person</li> <li>Form filed by More than One Reporting Person</li> </ul>					
(City)	(State)	(Zip)	Tabl	e I - Non-D	Derivative Secu	urities Aco	uired, Disposed of	. or Beneficial	lv Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	r) Executio any		3.	4. Securities J on(A) or Dispos (Instr. 3, 4 an (A or	Acquired sed of (D) d 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect	
Common Stock	02/02/2019			Code V F	Amount (D 171 <u>(1)</u> D		(Instr. 3 and 4) 11,851.2431 (2)	D		
Common Stock							4,766	Ι	By 401(k) Plan	

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

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 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Ownd Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director 10% Owner Officer		Officer	Other			
ernandes Larry WESTBROOK CORPORATE CENTER /ESTCHESTER, IL 60154			SVP, Sust & Chief Comm Officer				
ignatures							

John E. Lowe, attorney-in-fact 02/05/2019

\*\*Signature of Reporting Person

F 5 W S

Date

## **Explanation of Responses:**

- \* 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).
- (1) 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.
- (2) Shares withheld to pay applicable taxes upon the vesting of 550 RSUs granted February 2, 2016 and 31.66365 RSUs acquired through deemed dividend reinvestment. These RSUs were vested upon the reporting person's retirement.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.