Edgar Filing: STERLING JOHN F - Form 4

STEDLING JOHN E

| Form 4 | | | | | | | | | | | |
|---|------------------------------------|----------------------|--------------------------------|--|------------|--------|-------------|--|--|--|--|
| March 08, 20 | 1 | | | | | | | | omb af | PROVAL | |
| | UNITE | D STATES | | ITIES A hington, | | | NGE C | OMMISSION | OMB Number: | 3235-0287 | |
| Check this if no long subject to Section 10 Form 4 or | er STATH 6. | | | | | | | | | Expires: January 31 2009 Estimated average burden hours per response 0.5 | |
| Form 5 obligation may conti <i>See</i> Instru 1(b). | Inue. Section 1 | 7(a) of the 1 | Public Ut | | ling Con | ipany | Act of | e Act of 1934, 1935 or Section 0 | | | |
| (Print or Type R | lesponses) | | | | | | | | | | |
| STERLING JOHN F Symbol DARLI | | | | r Name and Ticker or Trading NG INGREDIENTS INC. | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) | (First) | (Middle) | [DAR] | Earliest Tra | neaction | | | Director | | Owner | |
| | NOR RIDGE | (mulli) | (Month/D 03/07/20 | ay/Year) | ansaction | | | Officer (give below) | | r (specify | |
| | | | | endment, Date Original nth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person | | | |
| IRVING, TX | K 75038 | | | | | | | Form filed by M Person | lore than One Re | porting | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction D (Month/Day/Yea | ar) Execution any | ned n Date, if Day/Year) | 3. Transactio Code (Instr. 8) Code V | (Instr. 3, | sposed | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Indirect Beneficial | |
| Common stock | 03/07/2018 | | | F | 3,247 | D | \$ 18.48 | 229,114 | D | | |

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title o Derivativ Security (Instr. 3) | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transacti Code (Instr. 8) | Securities Acquired (A) or Disposed of (D) (Instr. 3, | | Date | Amou Unde Secur | le and int of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|---------------------------------------|--|---------------------|--------------------|-----------------------|---|---|--|
| | | | Code V | 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Add | lress | Relationships | | | | | | | |
|---|------------|---------------|-------------------------------|-------|--|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | | |
| STERLING JOHN F 251 O'CONNOR RIDGE BI SUITE 300 IRVING, TX 75038 | LVD. | | EVP, General Counsel and Sec. | | | | | | |
| Signatures | | | | | | | | | |
| John F. Sterling | 03/08/2018 | | | | | | | | |

<u>**</u>Signature of Reporting Person

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).

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.