Edgar Filing: DowDuPont Inc. - Form 4

DowDuPor	nt Inc.											
Form 4 July 13, 20	18											
FORM /										OMB APPROVAL		
Washington, D.C. 20549								N OMB Numbe				
Check this box if no longer which the state of the state								Expires	January 31, 2005			
subject Section Form 4 Form 5 obligati	16. or Filed pu	Section	tion 16(a) of the Securities Exchange Act of 1934, blic Utility Holding Company Act of 1935 or Secti						ed average hours per se 0.5	;		
may co <i>See</i> Inst 1(b).	ntinue.			investmer	•	-	•					
(Print or Type	Responses)											
DowDuPont Inc. Symb			Symbol	er Name a resh Solu			C	5. Relationship of Reporting Person(s) to Issuer				
				of Earliest		-		(Check all applicable)				
2030 DOW	V CENTER			/Day/Year)				Director Officer (give below)	ve title	_ 10% Owner Other (specify)		
				nendment, I onth/Day/Ye	-	nal		 6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person _X_ Form filed by More than One Reporting 				
MIDLANI	D, MI 48674							Person	y wore than O	ne Reporting		
(City)	(State)	(Zip)	Tal	ble I - Non	-Derivati	ve Sec	urities Acc	quired, Disposed	of, or Benef	icially Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution I any (Month/Day	Date, if	3. Transactio Code (Instr. 8)	(Instr. 3,	ispose 4 and (A) or	d of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficia Ownership (Instr. 4)	ป	
Common Stock, par value \$0.0001 per share	07/11/2018			Code V $P(1)$	Amount 6,242	(D)	Price \$ 6.9865 (2)	18,516,813	I	Through wholly-owned subsidiary	L	
Common Stock, par value \$0.0001 per share	07/12/2018			P <u>(1)</u>	3,943	A	\$ 6.9981 (<u>3</u>)	18,520,756	I	Through wholly-owned subsidiary		

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 of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactia Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationsh					
	Director	10% Owner	Officer	Other			
DowDuPont Inc. 2030 DOW CENTER MIDLAND, MI 48674		Х					
DOW CHEMICAL CO /DE/ 2030 DOW CENTER MIDLAND, MI 48674		Х					
Signatures							
DOWDUPONT INC., /s/ Amy E. Wilson, Authorized Officer							
<u>**</u> Signature of Reporting Person							

THE DOW CHEMICAL COMPANY, /s/ Amy E. Wilson, Authorized Officer

**Signature of Reporting Person

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) Purchases pursuant to a 10b5-1 plan. Reporting Person agrees to provide upon request by the Commission staff, the issuer, or a security holder of the issuer, full information regarding the number of shares purchased or sold at each separate price.
- (2) Weighted average purchase price. All trades occurred at a range of prices from \$6.93 to \$7.00.

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07/13/2018

Date

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(3) Weighted average purchase price. All trades occurred at a range of prices from \$6.99 to \$7.00.

Remarks:

Exhibit 99.1 Joint Filer Information, incorporated herein by reference.

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.