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DowDuPon Form 4 October 15.												
FORM	ЛЛ									APPROVAL		
Washington, D.C. 20549								OMB Number:				
	Check this box if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							Expires:	January 31, 2005			
subject Section Form 4	СПА		RITIES		ALOWI	VERSHIP OF	Estimate burden h response					
Form 5 obligati may con <i>See</i> Inst 1(b).	ons ntinue. Section 17	(a) of the H	Public I	Utility Ho		mpa	ny Act of	e Act of 1934, 1935 or Sectio 0				
(Print or Type	Responses)											
			Symbol		nd Ticker o ations, Ind		-	5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)	(Middle) 3. Date of Earliest Transaction (Chec						ek all applicable)				
2211 H.H.	DOW WAY		(Month/ 10/11/	'Day/Year) 2018				Director Officer (give below)	e title(below)	10% Owner Other (specify		
	(Street)			nendment, l onth/Day/Ye	Date Origin ear)	al		6. Individual or J Applicable Line) Form filed by	One Reporting	Person		
MIDLANI	D, MI 48674							_X_ Form filed by Person	More than One	e Reporting		
(City)	(State)	(Zip)		ble I - Non	-Derivativ	e Seci	urities Acq	uired, Disposed o	of, or Benefic	cially Owned		
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)			3. 4. Securities Acquired (A) Transaction Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or				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 Beneficial Ownership (Instr. 4)		
Common				Code V	Amount	(D)	Price	(IIIsu: 5 and 4)				
Stock, par value \$0.0001 per share	10/11/2018			P <u>(1)</u>	34,431	A	\$ 6.0878 (2)	20,157,768	I	Through wholly-owned subsidiary		
Common Stock, par value \$0.0001 per share	10/12/2018			P <u>(1)</u>	34,175	A	\$ 5.8242 (<u>3)</u>	20,191,943	Ι	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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own 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	ips					
	Director	10% Owner	Officer	Other				
DowDuPont Inc. 2211 H.H. DOW WAY MIDLAND, MI 48674		Х						
DOW CHEMICAL CO /DE/ 2211 H.H. DOW WAY MIDLAND, MI 48642		Х						
Signatures								
DOWDUPONT INC., /s/ Amy E. Wilson, Authorized Officer								
<u>**</u> Signati	Date							

THE DOW CHEMICAL COMPANY, /s/ Amy E. Wilson, Authorized Officer	10/15/2018
<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).
- (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 \$5.93 to \$6.18.

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(3) Weighted average purchase price. All trades occurred at a range of prices from \$5.73 to \$6.00.

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.