Edgar Filing: DowDuPont Inc. - Form 4

DowDuPon Form 4 August 28,										
FORM	Л 4		~ ~ ~ ~							APPROVAL
Washington, D.C. 20549							OMB Number:			
	Check this box if no longer which to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						Expires:	January 31, 2005		
subject to STATEMENT Section 16. Form 4 or			CIIA		RITIES		AL OWI	CERSIII OF	Estimate burden h response	
Form 5 obligati may con <i>See</i> Inst 1(b).	ons ntinue. Section 17	(a) of the P	ublic U	Utility Ho	olding Co	mpa	•	e Act of 1934, 1935 or Sectio 0	on	
(Print or Type	Responses)									
1. Name and DowDuPo:	Address of Reporting nt Inc.		Symbol	er Name a resh Solu			-	5. Relationship o Issuer		
(Last)	(First) (e	of Earliest '		_	-	(Che	ck all applica	ible)
2211 H.H.	DOW WAY		(Month/ 08/24/	/Day/Year) 2018				Director Officer (give below)	e title(below)	10% Owner Other (specify
	(Street)			nendment, I onth/Day/Ye	-	al		6. Individual or J Applicable Line) Form filed by _X_ Form filed by	One Reporting	Person
MIDLANI	D, MI 48674							Person	More than One	e Reporting
(City)	(State)	(Zip)	Ta	ble I - Non	-Derivativo	e Seci	ırities Acq	uired, Disposed o	of, or Benefic	cially Owned
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Execution Date, if		3. 4. Securities Acquired (A) Transactionor 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	(Insu: 5 and 1)		
Stock, par value \$0.0001 per share	08/24/2018			P <u>(1)</u>	26,112	A	\$ 6.4386 (2)	18,931,172	I	Through wholly-owned subsidiary
Common Stock, par value \$0.0001 per share	08/27/2018			P <u>(1)</u>	33,800	A	\$ 6.51 (<u>3</u>)	18,964,972	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.

08/28/2018

Date

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. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	7. Titl Amou Under Securi (Instr.	int of rlying	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		

Reporting Owners

Reporting Owner Name / Address		Relationsh	ips				
1	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

**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 \$6.34 to \$6.49.

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(3) Weighted average purchase price. All trades occurred at a range of prices from \$6.35 to \$6.56.

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.