Edgar Filing: DowDuPont Inc. - Form 4

DowDuPor Form 4												
September									OMB	APPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMB Number:	3235-0287					
Check t if no los subject Section Form 4	nger to STATE 16.		NGES IN				NERSHIP OF	Expires: Estimate burden h	•			
Form 5 obligati may co <i>See</i> Inst 1(b).	Filed pu ons ntinue. Section 17	(a) of the P	ublic U	Utility Ho	olding Co	mpa	•	e Act of 1934, 1935 or Sectio 0	response n	9 0.5		
(Print or Type	e Responses)											
1. Name and Address of Reporting Person <u>*</u> DowDuPont Inc.			Symbol					5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)		AgroFresh Solutions, Inc. [AGFS] 3. Date of Earliest Transaction (Chec					k all applicable)				
	DOW WAY09/18/2018DirectorDow WAY09/18/2018Officer (giv below)				title Other (specify below)							
				If Amendment, Date Original led(Month/Day/Year)				6. Individual or Joint/Group Filing(Check 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)	Ta	ble I - Non	-Derivative	e Seci	urities Acqu	uired, Disposed o	f, or Benefic	ially Owned		
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)				Code (Instr. 3, 4 and 5)				SecuritiesCBeneficiallyFOwnedDFollowingoReported(I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)	(instit i)			
Common Stock, par value \$0.0001 per share	09/18/2018			P <u>(1)</u>	37,263	A	\$ 6.779 (2)	19,543,974	I	Through wholly-owned subsidiary		
Common Stock, par value \$0.0001 per share	09/19/2018			P <u>(1)</u>	38,137	A	\$ 6.7597 (<u>3)</u>	19,582,111	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.

09/20/2018

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. 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

<u>**</u>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 \$6.66 to \$6.87.

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(3) Weighted average purchase price. All trades occurred at a range of prices from \$6.67 to \$6.85.

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.