# FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPR	OVAL
MB Number:	3235-0287
stimated average b	ourden
ours per response	0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Ty	pe Response	s)													
1. Name and Address of Reporting Person * MILLER LINDA E			2. Issuer Name and Ticker or Trading Symbol MGP INGREDIENTS INC [MGPI]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
P.O. BO	*	(First) 00 MAIN STREE	` . <i> ` ` ` `</i>		3. Date of Earliest Transaction (Month/Day/Year) 10/15/2004					=	Officer (give	e title below)	Other	(specify below)	
		(Street)		4. If Am	endm	nent, Da	ite O	riginal Filed(M	onth/Day/Year)	Year)  6. Individual or Joint/Group Filing(Check Applicable Line)  _X_ Form filed by One Reporting Person  _Form filed by More than One Reporting Person					
ATCHIS	ON, KS 6	6002									rorm filed by	wore than One	Reporting Person		
(Cit	y)	(State)	(Zip)			7	[able	e I - Non-Deri	vative Securiti	es Acquirec	d, Disposed	of, or Bene	ficially Owne	i	
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D		ate, if	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		(D) Owned Following Transaction(s)		d C	Ownership of Form:	eneficial
				(Month	ı/Day/	/ Y ear)	C	ode V A	(A) or (D)	<u> </u>	(Instr. 3 and 4) Direct (D) or Indirect (I) (Instr. 4)		r Indirect (In	wnership nstr. 4)	
Reminder:	Report on a s	separate line for each		- Derivat	tive S	ecuriti	es Ac	Person in this display	s who responds who responds to the second se	required to valid OME eficially Ow	o respond 3 control r	unless the		ed SEC 14	74 (9-02)
1. Title of Derivative Security (Instr. 3)		cise (Month/Day/Year) any (Month/Day/Year)		Code Derivati		tive ies ed	Expiration Date (Month/Day/Year) es ed			nd Amount lying s and 4)	Derivative Security (Instr. 5)	Securities Beneficially Owned	Security: Direct (D) or Indirect	Beneficial	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Options	\$ 9.09	10/15/2004		A		2,000		04/16/200	5 10/15/2014	Commo Stock	7(1)(1)	\$ 0	2,000	D	

### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
MILLER LINDA E P.O. BOX 130 1300 MAIN STREET ATCHISON, KS 66002	X					

## **Signatures**

Linda E. Miller	10/19/2004
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.