FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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

(Instr. 3) Pr	ing O	wners		Code	(-7)									
Derivative Security (Instr. 3)				Code	(-) (-)									
Derivative Security (Instr. 3)				Code V	(A) (D)		~	Expiration Date	Title	Amount or Number of Shares				
		3. Transaction Date (Month/Day/Y	Execution D Year) any		Number a		Date Exercisable and Expiration Date Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownershi Form of Derivativ Security: Direct (D or Indirect) (I) (Instr. 4)	Beneficia Ownershi (Instr. 4)
Reminder: Re	eport on a s	eparate line for	Table II -	Derivative Securit	ies Acquir	Pers cont the t	sons whatained in form dis	o respon n this for splays a c	m are currer eficiall	not requality valid		formation spond unles trol number	s	474 (9-02)
Common S	Stock		05/08/2020		S		1,000	D \(\bigs_3^\\$	8 87.38	5,895])	
			(wonth Day/ rear)	(Month/Day/Year)		V	Amoun	(A) or	Price	(Instr. 3 and 4)		D: or (I)	Direct (D) r Indirect	Ownership (Instr. 4)
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye			2A. Deemed Execution Date, if	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)					Following	Ownership	7. Nature of Indirect Beneficial	
ATCHISON, KS 66002 (City) (State) (Zip)				Table I - Non-Derivative Securities Acqu										
(Street)				4. If Amendment, Date Original Filed(Month/Day/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				
(Last) (First) (Middle) C/O MGP INGREDIENTS, INC., 100 COMMERCIAL STREET, PO BOX 130				3. Date of Earliest Transaction (Month/Day/Year) 05/08/2020						X Officer (give title below) Other (specify below) Vice President				
(Print or Type Responses) 1. Name and Address of Reporting Person* Mansinne Andrew P				2. Issuer Name and Ticker or Trading Symbol MGP INGREDIENTS INC [MGPI]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				

Signatures

Mansinne Andrew P

ATCHISON, KS 66002

C/O MGP INGREDIENTS, INC.

/s/ Thomas Lynn, Attorney-in-Fact for Andrew Mansinne	05/08/2020		
**Signature of Reporting Person	Date		

10%

Owner

Officer

Vice President

Other

Director

Explanation of Responses:

Reporting Owner Name / Address

100 COMMERCIAL STREET, PO BOX 130

- * 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.