# FORM 4

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

| OMB APPR           | OVAL      |
|--------------------|-----------|
| OMB Number:        | 3235-0287 |
| Estimated average  | burden    |
| nours per response | e 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

| (11IIIt Of 19  | pe Response   | s)      |   |                                     |  |  |              |            |        |  |                                   |                              |  |   |  |  |   |  |                         |  |
|--|---|---------|---|-------------------------------------|--|--|--------------|------------|--------|--|-----------------------------------|------------------------------|--|---|--|--|---|--|-------------------------|--|
| 1. Name and Address of Reporting Person* Seaberg Karen |   |         |   |                                     | 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   |   |  |  |   |  |                         |  |
| (Last) (First) (Middle)<br>20076 266TH ROAD            |   |         |   |                                     | 3. Date of Earliest Transaction (Month/Day/Year) 05/04/2017            |  |              |            |        |  |                                   | -                            | Officer  | r (give title belo  | w)                                       | Other (specify   | below)  |  |                         |  |
| (Street) ATCHISON, KS 66002                            |   |         |   |                                     | 4. If Amendment, Date Original Filed(Month/Day/Year) 05/08/2017        |  |              |            |        |  |                                   |                              | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person |   |  |  |   |  |                         |  |
| (City  | ·)  | (State) |   | (Zip)                               | Table I - Non-I  |  |              |            |        | 1-Derivative Securities Acqu                         |                                   |                              |  | uire  | ired, Disposed of, or Beneficially Owned |  |   |  |                         |  |
| 1.Title of Security<br>(Instr. 3)                      |   |         | 2. Transaction<br>Date<br>(Month/Day/Ye |                                     | Execut   |  | if           | (Instr. 8) |        | or Disposed of (D) (Instr. 3, 4 and 5)               |                                   |                              |  | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) |  |  | Ownership<br>Form:                              | Beneficial                                     |                         |  |
|  |   |         |   |                                     | (Month/Day/Year)   |  | ar)          | Code       | e      | V  | Amount                            | (A)<br>or<br>(D)             | Price  | ;   | (instr. 3                                | and 4)   |   | Direct (D)<br>or Indirect<br>(I)<br>(Instr. 4) | Ownership<br>(Instr. 4) |  |
| Commor   | Stock   |         | 05/04                                   | 1/2017                              |  |  |              | S          |        |  | 86                                | D                            | \$<br>55.813   | 38  | 35,568                                   |  |   | I  | by trust<br>for LM      |  |
| Common Stock 05/04/2017                                |   | S       |   |                                     | 86   | D  | \$<br>55.813 | 38         | 35,568 |  |                                   | I                            | by trust<br>for MH   |   |  |  |   |  |                         |  |
|  | -   |         |   | Table II -                          |  |  |              |            | quire  | cor<br>the   | ntained i<br>form dis<br>Disposed | n this<br>splays<br>of, or l | form and a curre   | re r<br>ent<br>ally   | not requ                                 |  | ormation<br>spond unle<br>rol numbe             | ss   | 1474 (9-02)             |  |
|  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | Date    | Date Ex<br>Month/Day/Year) any          | 3A. Deemed<br>Execution Data<br>ary | ate, if  | 4. te, if Transactio Code Year) (Instr. 8) |              | 5.         |        | and Expiration Date<br>(Month/Day/Year) A<br>S<br>(I |                                   | e 7. '<br>e An<br>Un<br>Sec  | Title<br>mou<br>nder<br>ecuri  | e and<br>int of<br>lying<br>ities<br>3 and  | Derivative<br>Security<br>(Instr. 5)     | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) | Owners Form o Derivat Securit Direct ( or India | Owners<br>y: (Instr. 4<br>D)<br>ect            |                         |  |
|  |   |         |   |                                     |  |  |              | (Instr.    | 3,     |  | -                                 |                              |  |   | Amount                                   |  | (msu. 4)  | (Instr. 2                                      | +)                      |  |

#### **Reporting Owners**

| P ( 0 N /   | Relationships |              |         |       |  |  |  |  |
|---|---------------|--------------|---------|-------|--|--|--|--|
| Reporting Owner Name / Address                          | Director      | 10%<br>Owner | Officer | Other |  |  |  |  |
| Seaberg Karen<br>20076 266TH ROAD<br>ATCHISON, KS 66002 | X             |              |         |       |  |  |  |  |

## **Signatures**

| /s/ Thomas Lynn, Attorney in Fact for Karen Seaberg | 05/26/2020 |
|---|------------|
| **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.