FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APP | ROVAL |
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| OMB Number: | 3235-0287 |
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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).

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | | | | | | | . , | | | | | | | | | | | | | |
|---|--|--------|-----------|----------------|---|--|---------|-------------------------------------|--|----------|--|---|---------------|---|--------|------------------------------------|--|---|--|----------|
| Name and Address of Reporting Person* Main December 1. Name 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | | | | | 2. Issuer Name and Ticker or Trading Symbol ITRON INC /WA/ [ITRI] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| Mainz Peter | | | | | TITOT, II (O / WIII) | | | | | | | | | X | Direc | ctor | | 10% Owner | | |
| (Last) (First) (Middle) 2111 NORTH MOLTER ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/02/2018 | | | | | | | | | | Office | er (give title w) | | Other (specify below) | | |
| (Street) LIBERT | Y W. | A 9 | 99019 | | 4. If | ndment, | Date of | 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 | | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | ı-Deriv | ative | Sec | curitie | s Acq | uired, | Dis | posed o | f, or | Bene | eficia | ally (| Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/Date) | | | | Day/Year) if a | | 2A. Deemed Execution Date, f any (Month/Day/Year) | | Transaction Dispose Code (Instr. 5) | | Disposed | ities Acquired (A d Of (D) (Instr. 3, | | | 4 and S | | | | ership Direct ndirect r. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | . 1 | Transaction(s) (Instr. 3 and 4) | | | | (1130.4) |
| Common Stock 01/02/ | | | | | 2/2018 | 3 | | | A | | 360 ⁽¹⁾ A | | Α | \$ | 4,981 | | 4,981 | I |) | |
| | 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 Security 2. Conversion Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date Execution Date if any (Month/Day/Y | | | | Date, | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | ount | | ivative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | \v | (A) | | Date Exercisal | | Expiration Date | Title | of | | | | | | | |

Explanation of Responses:

1. Reflects the grant of common stock equal to approximately \$25,000 that independent members of Itron's board of directors receive quarterly as part of their annual compensation for board service. Mr. Mainz deferred receipt of 360 shares of common stock pursuant to Itron's Executive Deferred Compensation Plan.

/s/ Kramer B. Ortman, attorney-in-fact for Mr. Mainz

01/04/2018

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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.

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 Number.