FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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|------------|-----------|----------------|-------------|
| STATEMENT  | OF CHANGE | S IN BENEFICIA | L OWNERSHIP |

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|---|-------------------------|-----------|
|   | OMB Number:             | 3235-0287 |
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|   | hours 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).

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

| 1. Name and Address of Reporting Person*                                |  |        |           |                          | 2. Issuer Name <b>and</b> Ticker or Trading Symbol ITRON INC /WA/ [ITRI] |                                 |  |        |   |   |                    |                  |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |   |   |   |  |          |  |
|---|--|--------|-----------|--------------------------|--|---------------------------------|--|--------|---|---|--------------------|------------------|--|---|---|---|---|--|----------|--|
| Ziegler Lynda L.  |  |        |           |                          |  |                                 |  |        |   |   |                    |                  |  | X Dire  |   | ector 10%   |   | 10% O  | wner     |  |
| (Last) (First) (Middle)   |  |        |           | 3. D                     | Date of Earliest Transaction (Month/Day/Year)                            |                                 |  |        |   |   |                    |                  | $\dashv$                                       | X   | X Officer (give title below)  |   |   | Other (specify below)  |          |  |
| 2111 NORTH MOLTER ROAD  |  |        |           | 01/                      | 01/02/2018   |                                 |  |        |   |   |                    |                  | Chair of the Board                             |   |   |   |   |  |          |  |
| (Street)  |  |        |           | 4. If                    | If Amendment, Date of Original Filed (Month/Day/Year)                    |                                 |  |        |   |   |                    |                  |  | 6. Individual or Joint/Group Filing (Check Applicable                   |   |   |   |  |          |  |
| LIBERTY WA 99019  |  |        |           |                          |  |                                 |  |        |   |   |                    |                  |  |   | Line)  X Form filed by One Reporting Person   |   |   |  |          |  |
|   |  |        |           |                          |  |                                 |  |        |   |   |                    |                  |  | Form filed by More than One Re<br>Person                                |   |   |   | e Rep  | orting   |  |
| (City)  | (St  | ate) ( | Zip)      |                          |  |                                 |  |        |   |   |                    |                  |  |   |   |   |   |  |          |  |
|   |  | Tabl   | e I - Nor | ı-Deriv                  | ative  | Sec                             | curitie  | s Acc  | quired,   | Dis   | posed o            | f, or            | Bene   | eficia  | ally  | Owne  | ed  |  |          |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)           |  |        |           |                          |  | Execution Date,                 |  | Code ( | Transaction Disposed Of (D) (Insti<br>Code (Instr. 5) |   |                    | (A) oı<br>3, 4 a | r<br>ınd                                       | Securities<br>Beneficially  |   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |          |  |
|   |  |        |           |                          |  |                                 |  | Code   | v   | Amount  |                    | (A) or<br>(D)    | Price  | •   | Transa  | ransaction(s)<br>nstr. 3 and 4)                                   |   |  | (msu. 4) |  |
| Common Stock 01/02/   |  |        |           |                          | 2/2018   |                                 |  | A      |   | 468(1   | 1) A               |                  | \$   | 12,882  |   | D   |   |  |          |  |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |        |           |                          |  |                                 |  |        |   |   |                    |                  |  |   |   |   |   |  |          |  |
| Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) |  |        |           | ransaction of Derivative |  | ative<br>rities<br>ired<br>osed | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |        |   | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |                    | str. 3           | 8. Price<br>Derivati<br>Security<br>(Instr. 5) |   | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) |   | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |          |  |
|   |  |        |           |                          | Code   | v                               | (A)  | (D)    | Date<br>Exercisal                                     |   | Expiration<br>Date | Title            | or<br>Nun<br>of                                | ount<br>nber<br>res   |   |   |   |  |          |  |

## **Explanation of Responses:**

1. Reflects the grant of common stock equal to approximately \$32,500 that the Chair of Itron's board of directors receives quarterly as part of her annual compensation for board service.

/s/ Kramer B. Ortman, 01/04/2018 attorney-in-fact for Ms. Ziegler

\*\* 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.