FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

| OMB APP | ROVAL | | | | | | |
|--------------------------|-----------------------|--|--|--|--|--|--|
| OMB Number: | OMB Number: 3235-0104 | | | | | | |
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| hours per response: | 0.5 | | | | | | |

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* Patrick Justin K | | | 2. Date of Event Requiring Statement Month/Day/Year) 02/20/2020 3. Issuer Name and Ticker or Trading Symbol ITRON, INC. [ITRI] | | | | | | | | | | |
|--|------------------|------------------|---|-------------------------|---|--|-------|--|---------------|---|-----------------------------|---|--|
| (Last) (First) (Middle) C/O ITRON, INC. | | | | | Relationship of Reporting Pers (Check all applicable) Director | | | 10% Owner | | 5. If Amendment, Date of Original Filed (Month/Day/Year) | | | |
| 2111 N. MO | LTER ROAD | | | | X Officer (give title below) | | | Other (specify below) | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | |
| (Street) | | | | | SVP, Device Solutions | | | | | X Form filed by One Reporting Person | | | |
| LIBERTY LAKE | WA | 99019 | | | | | | | | | Form filed b Reporting P | y More than One erson | |
| (City) | (State) | (Zip) | | | | | | | | | | | |
| Table I - Non-Derivative Securities Beneficially Owned | | | | | | | | | | | | | |
| | | ٦ | able I - Non | -Derivat | ive S | ecurities Benefic | ially | Owned | | | | | |
| 1. Title of Secu | ırity (Instr. 4) | 1 | able I - Non | 2 | . Amou | ecurities Benefic Int of Securities ially Owned (Instr. 4) | | Owned 3. Ownersh Form: Direct or Indirect (Instr. 5) | ct (D) | 4. Nat (Instr. | | Beneficial Ownership | |
| 1. Title of Secu | urity (Instr. 4) | | Table II - D | 2 B Derivative | . Amou Benefic | ınt of Securities | lly C | 3. Ownersh Form: Direct or Indirect (Instr. 5) | ct (D) (I) | | | Beneficial Ownership | |
| | urity (Instr. 4) | (e. ₁ | Table II - D | Derivative ls, warra | e Secunts, C | unt of Securities ially Owned (Instr. 4) urities Beneficia | lly C | 3. Ownersh Form: Direct or Indirect (Instr. 5) Owned securities | ct (D) (I) | sion | | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | |

Explanation of Responses:

No securities are beneficially owned.

/s/ Jared. R. Josephsen, attorney-in-fact for Mr. Patrick

02/24/2020

** 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 5 (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.