FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden 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

| Name and Address of Reporting Person* Deitrich Thomas | | | | | | 2. Issuer Name and Ticker or Trading Symbol ITRON, INC. [ITRI] | | | | | | | | eck all applic | or 10% C | | vner | |
|---|---|--|---|---------|--------|---|-----|-----------------------------------|------------------|---|----------------------------|-----------------|--|---|---|----------------|--|---------------------------------------|
| (Last) (First) (Middle) 2111 N. MOLTER ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/21/2020 | | | | | | | | X Officer (give title Other (specify below) President & CEO | | | | |
| (Street) LIBERT | BERTY WA 99019 KE | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (3 | | | - Davi | | - 0- | | 4:aa Aa | | D:a | | f av Dav | a di a i a II | | | | | |
| Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transa Date (Month/L | | | | saction | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. | | 4. Securiti | es Acquire Of (D) (Inst | d (A) or | 5. Amou | es ally following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transact (Instr. 3 a | ion(s) | | | msu. 4) | |
| Common Stock 09/2 | | | | | 21/202 | /2020 | | М | | 6,531(1 |) A | \$58.5 | 3 143 | 143,616 | | D | | |
| Common Stock 09/22 | | | | 2/202 | /2020 | | | S | | 2,691(2 | D | \$55.9 | 2 140 | 140,925 | | D | | |
| | | | Table II - | | | | | | | | osed of, convertib | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, | | ansaction ode (Instr. | | Derivative | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | Amount of | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transactions | e s ally | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | on(a) | | |
| Stock Option (Right to Buy) | \$76.55 | 09/21/2020 | | | M | | | 6,531 ⁽¹⁾ | (3) | | 09/19/2029 | Common Stock | 6,531 | \$0 | 69,80 |)6 | D | |

Explanation of Responses:

- 1. This option vests in one third equal annual increments beginning on the first anniversary date of grant.
- 2. Represents shares automatically sold to cover tax withholding obligations associated with the vesting of a restricted stock unit award.
- 3. This option vests in one-third annual increments beginning on September 19, 2020, subject to the terms of the option award grant

/s/ Sarah E. Hlavinka, attorney-09/23/2020 in-fact for Mr. Deitrich

** 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.