FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| Machinaton | D C 20540 | |

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| 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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| .(-) | ee instruction i | ·. | | | | | | | | | | | | | | | | | |
|--|--|---------|------------------|---|---|-----------------|-------|--|--|---|-------------|--------------------------------|---|--|--|---|--|---|----|
| 1. Name and Address of Reporting Person* Hemmingsen Mary C. | | | | | 2. Issuer Name and Ticker or Trading Symbol ITRON, INC. [ITRI] | | | | | | | (Ch | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| <u>Hemmingsen wary C.</u> | | | | 1 | L J | | | | | | | | | Direc | 10% Owner | | /ner | | |
| (Last) (First) (Middle) 2111 N. MOLTER ROAD | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/01/2024 | | | | | | | | | Office below | er (give title v) | | ther (s elow) | pecify | | |
| (Street) LIBERT | Y WA | A 9 | 9019 | | 4. If A | Amend | Iment | , Date of | f Origina | l Filed | I (Month/Da | y/Year | ·) | Line | e) Form | Joint/Grou filed by On filed by Mo | e Reporting | Perso | on |
| (City) | (Sta | ate) (Z | ľip) | | | | | | | | | | | | | | | | |
| | | Table | I - Nor | n-Deriva | tive S | Secu | ritie | s Acq | uired, | Dis | oosed of | , or E | 3ene | eficia | lly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 5) | | | | | Benefic | ies cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | v | Amount | (A) (D) | or | Price | Transa | ction(s) 3 and 4) | | | | | | |
| Common Stock 10/01/2 | | | | | 2024 | | | | A | | 475(1) | 475 ⁽¹⁾ A | | \$ <mark>0</mark> | 5,920 | | D | | |
| | 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) | erivative Conversion Date Execution curity or Exercise (Month/Day/Year) if any | | on Date, Transac | | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | | | Expiration Date | Title | Amo or Num of Shar | nber | | | | | | |

Explanation of Responses:

1. Reflects the grant of common stock independent members of Itron's board of directors receive quarterly as part of their annual compensation for board service.

/s/ Christopher E. Ware, attorney-in-fact

10/02/2024

** Signature of Reporting Person

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.