Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number: 3235-028										
Estimated average	burden									
hours per response	. 0.5									

						or Sec	tion 30(h) of the in	vestme	nt Con	npany Act of	1940							
1. Name and Address of Reporting Person*  JAEHNERT FRANK M				2. Issuer Name and Ticker or Trading Symbol ITRON, INC. [ ITRI ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner							
(Last)	(First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 04/03/2023								er (give title				
2111 N. MOLTER ROAD				4. If A	mendment, Date of	(Month/Day/	6. Indi Line)	6. Individual or Joint/Group Filing (Check Applicable Line)										
(Street) LIBERT LAKE	LIBERTY WA 99019							X	X Form filed by One Reporting Person  Form filed by More than One Reporting Person									
(City)	(S	tate)	(.	Zip)		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												
			Table	I - Noi	n-Deriva	ative S	ecurities Acq	uired,	Disp	osed of,	or Ben	eficially	y Own	ed				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Disposed Of 5)		Securit Benefic Owned	5. Amount of Securities Beneficially Owned Following		nership : Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership					
	Code V Amount (A) or (D) Price Reported Transaction(s) (Instr. 3 and 4)								(Instr. 4)									
Common Stock 04/0			04/03/	/2023		A		745(1)	A	\$0	17,876(2)		D					
			Та				curities Acqui						Owne	t				
1. Title of	2.	3. Transa	action	3A. Dee	med	4.	5. Number	6. Date	Exerci	sable and	7. Title an	le and 8. Price of 9. Number of 10. 11. Na						

## **Explanation of Responses:**

Conversion

or Exercise

Price of

Derivative

Security

Date

(Month/Day/Year

Derivative

Security (Instr. 3)

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. Mr. Jaehnert deferred receipt of these shares pursuant to Itron's Executive Deferred Compensation Plan.

(D)

2. Due to an inadvertent error in the number of shares reported on the reporting person's Form 4 filed on July 5, 2022, as amended November 10, 2022, the balance shown includes additional two shares to correct the inadvertent error

Date

Exercisable

**Expiration Date** 

(Month/Day/Year)

Expiration Date

/s/ Christopher E. Ware, 04/05/2023 attorney-in-fact

Derivative

Security (Instr. 5)

derivative

Securities

Following Reported

Transaction(s) (Instr. 4)

Owned

Beneficially

Ownership

Form: Direct (D)

or Indirect (I) (Instr. 4)

of Indirect

Beneficial

(Instr. 4)

Ownership

\*\* Signature of Reporting Person Date

Amount of

Underlying

Security (Instr. 3 and 4)

Amount Numbe

of Shares

Securities

Derivative

Title

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

**Execution Date.** 

if any (Month/Day/Year)

Transaction

Code (Instr.

Code ٧ Derivative

Securities Acquired

(A) or Disposed

of (D) (Instr. 3, 4

and 5)

(A)

- \* 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.