FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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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 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* Hlavinka Sarah E. | | | | | | 2. Issuer Name and Ticker or Trading Symbol ITRON, INC. [ITRI] | | | | | | | | | k all app Direc | , | ng Per | son(s) to Is 10% O | wner |
|--|---|---------|--------|-----------------------------------|---|---|---|---------------------------|---|--------|---|--|---------------------------------------|---|----------------------------------|--|--------|--|--|
| (Last) (First) (Middle) 2111 N. MOLTER ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/24/2022 | | | | | | | | X | below | | ısel 8 | below) | · |
| (Street) LIBERT | IBERTY WA 99019 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (Sta | ate) (ž | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acc | uired | l, Dis | posed of | , or B | enefic | ially | / Own | ed | | | |
| Date | | | | 2. Transact Date (Month/Day | Execution [| | ition D | ate, | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | and Securi Benefi | | ties For cially (D) I Following (I) | | n: Direct or Indirect ostr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | Code | v | Amount | (A) 01 (D) | Price | , | Transa | action(s) 3 and 4) | | | (111501.4) | | | |
| Common Stock 02/24/ | | | | | | 022 | | | | | 7,414 ⁽¹⁾ | A | \$0.0 | 0000 | 0 24,317 | | | D | |
| Common Stock 02/24/20 | | | | |)22 | | | | A | | 2,304(2) | A | \$0.0 | 0000 | 26,621 | | | D | |
| Common Stock 02/25 | | | | 02/25/2 | 022 | | | | S | | 905(3) | D | \$54 | \$54.15 | | 25,716 | | 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) | ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any | | | tion Date, | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) o Dispo | r osed) r. 3, 4 | 6. Date Expira (Month | tion D | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | Der Sec (Ins | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Co | | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amoun or Number of Shares | | | | | | |

Explanation of Responses:

- 1. This award vests in one-third equal annual increments beginning on the first anniversary of the date of grant.
- 2. Represents shares earned under a performance-based restricted stock unit award for the 2019-2021 performance period.
- 3. Represents shares automatically sold to cover tax withholding obligations associated with the shares earned under a performance-based restricted stock unit award.

/s/ Christopher E. Ware,

Attorney-in-Fact

02/28/2022

** 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.