FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
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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 OF SECURITIES

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

(Fillit of Ty	pe Response	8)													
1. Name and Address of Reporting Person *- Wright Christopher W			2. Issuer Name and Ticker or Trading Symbol Alto Ingredients, Inc. [ALTO]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Last) (First) (Middle) 1300 SOUTH SECOND STREET				3. Date of Earliest Transaction (Month/Day/Year) 06/02/2021						X Officer (give title below) Other (specify below) VP, Gen. Counsel & Secy					
(Street)				4. If Amendment, Date 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					
PEKIN,		(State)	(Zip)	_											
` '		` ′											Beneficially (I
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)		if Co		(A	(A) or Disposed of (Instr. 3, 4 and 5)		Beneficia Reported		nt of Securities ally Owned Following I Transaction(s)		Form:	7. Nature of Indirect Beneficial	
				(Month/Day/Yea		Code	V A	mount	(A) or (D)	Price	or In		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Commor	n Stock		06/02/2021			S		1,746	D S	\$ 6.96	146,653			D	
	Report on a	separate line for	each class of secur	ities beneficially	owne		Person contair	s who	respon this for	m are	not requ		spond unle	ss	1474 (9-02)
	Report on a s	separate line for		rities beneficially			Person contair the for	s who ned in m disp	respor this for plays a	m are currer	not requ ntly valid	ired to res		ss	1474 (9-02)
Reminder:		3. Transaction Date	Table II - 1		5. Num of Der Sec (A) Dis of ((Ins	Acquire unts, op mber rivative curities quired or posed	Person contain the form	osed of Exercipiration	o respon this for plays a configure of the f, or Bendible securion isable in Date	eficiallities) 7. Ti Amo Under	not requ ntly valid	OMB con 8. Price of	spond unle	of 10. Owners Form of Derivat Security Direct (or Indir	11. Nat of Indir Benefic Owners (Instr. 4

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Wright Christopher W 1300 SOUTH SECOND STREET PEKIN, IL 61554			VP, Gen. Counsel & Secy			

Signatures

/s/ Christopher W. Wright	06/03/2021
**Signature of Reporting Person	Date

Explanation of Responses:

- * 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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.