FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.	C. 20549
----------------	----------

STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP

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

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

1. Name and Address of Reporting Person*  Mondelez International, Inc.				2. Issuer Name <b>and</b> Ticker or Trading Symbol Keurig Dr Pepper Inc. [KDP]									ationship of Reporting ( all applicable) Director Officer (give title below)		10% C		Owner		
(Last) (First) (Middle) 905 WEST FULTON MARKET				3. Date of Earliest Transaction (Month/Day/Year) 06/07/2021													Other ( below)	specify	
SUITE 200  (Street) CHICAGO IL 60607					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indi Line) X	,						
(City)	(Sta	ate) (Z	Zip)												. 0.00				
		Table	I - No	on-Deriva	tive S	Secui	rities	Acc	quirec	d, Dis	sposed of	, or E	3enef	ficially	/ Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/N				Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			4 and 5) Sec Ber Ow		Amount of curities neficially vned Following		vnership n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership					
							Code	v	Amount (A) or (D)		or P	rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 06/07/20					021		S		28,000,000 D S		35.62	2 90,218,223			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)	Date (Month/Day/Year)  Price of Derivative Security  Date (Month/Day/Year)  If any (Month/Day/Year)  If any (Month/Day/Year)  If any (Month/Day/Year)  If any (Month/Day/Year)		4. Transa Code ( 8)		Str. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Exercisable Expiration Date		r) Amount of Securities Underlying Derivative Security (Ins 3 and 4)  Amount of Amount of Numb of Of Security (Ins 5 and 4)		De Sei (In:	Price of rivative curity str. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

**Explanation of Responses:** 

Remarks:

/s/ Ellen M. Smith, Senior

Vice President and Chief Counsel, Corporate Secretary

06/09/2021

\*\* 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.