1. Name and Address of Reporting Person*  
STEIN LAURA  
(Middle)  
MONDELEZ INTERNATIONAL, INC.  
905 WEST FULTON MARKET, SUITE 200  
CHICAGO IL 60607

2. Issuer Name and Ticker or Trading Symbol  
Mondelez International, Inc. [ MDLZ ]

5. Relationship of Reporting Person(s) to Issuer  
X Officer (give title below)  
EVP, CLA and General Counsel

3. Date of Earliest Transaction (Month/Day/Year)  
02/21/2023

6. Individual or Joint/Group Filing (Check Applicable Line)  
X Form filed by One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>3A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>3. Transaction Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class A Common Stock</td>
<td>02/21/2023</td>
<td></td>
<td>A</td>
<td>22,152(1)</td>
<td>39,428</td>
<td>D</td>
<td></td>
</tr>
<tr>
<td>Class A Common Stock</td>
<td>02/21/2023</td>
<td></td>
<td>F</td>
<td>8,735(2)</td>
<td>30,693</td>
<td>D</td>
<td></td>
</tr>
</tbody>
</table>

Explanation of Responses:
1. Shares of common stock received upon vesting of performance share units granted under the Issuer's Amended and Restated 2005 Performance Incentive Plan.
2. Withholding of shares of common stock to satisfy tax withholding obligations in connection with the vesting of performance share units.

Remarks: /

/s/ Ellen M. Smith, by Power of Attorney  
02/23/2023  
** 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).


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.