Form **8937**

(December 2011)
Department of the Treasury
Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-2224

Part I Reporting Issuer					
1 Issuer's name	2 Issuer's employer identification number (EIN)				
5 5 5 11	24.400.000				
Name of contact for additional information	n 4 Telephone No. of contact	81-1224539 5 Email address of contact			
3 Name of contact for additional information	Telephone No. of Contact	3 Email address of contact			
Kathleen Croom	(302) 992-4723	Kathleen.J.Croom-1@dupont.com			
6 Number and street (or P.O. box if mail is	7 City, town, or post office, state, and Zip code of contact				
Chartest Day Diego 725/2475 4, D.O. Doy	2015	Wilmington DE 1000F			
Chestnut Run Plaza 735/3175-1; P.O. Box 3	Wilmington, DE 19805				
bate of action	9 Classification and description				
April 1, 2019	Common Stock				
10 CUSIP number 11 Serial number	per(s) 12 Ticker symbol	13 Account number(s)			
2020 1400	DIMIDD (MIXCE)				
26078J100 Part II Organizational Action A	DWDP (NYSE) ttach additional statements if needed. Se	ee back of form for additional questions.			
-		te against which shareholders' ownership is measured for			
the action ► See attachment					

-					
	· · · · · · · · · · · · · · · · · · ·				
15 Departure the quantitative offset of the	reanizational nation on the book of the acquir	ity in the bands of a LLC taypayar as an adjustment now			
15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis ► See attachment					
/	See attachment	444			
-					
	n basis and the data that supports the calcula	ation, such as the market values of securities and the			
valuation dates ► See attachment	***************************************				

_	
Page	4

Par	ш	Organizational Action (continued)		
		applicable Internal Revenue Code section	n(s) and subsection(s) upon which the tax	treatment is based I	See attachment
					Harathith arthresis and a second a second and a second and a second and a second and a second an
					- 1.11111111111111111111111111111111111
18	Can any	resulting loss be recognized? ► See at	tachment		
			· · · · · · · · · · · · · · · · · · ·		

					VAn An A
19	Provide	any other information necessary to imple	ment the adjustment, such as the reportal	ble tax year ► <u>See a</u>	ttachment

					WWW.mahadahama
					
			nined this return, including accompanying sche f preparer (other than officer) is based on all info		
Qian.	Done	it is true, contact, and complete. Decidiation o	properties (other trial) officery is bessed on all line	inacon of which prepare	are has any knowledge.
Sign Here	01	m Manaa		Dus 16-1	2-19
	Signa			Date ►/	<u> </u>
	Print v	your name > Jean MARIE F.	Desmino	Title ► Co Co	nteoller
Paid		Print/Type preparer's name	Preparer's signature	Date	Check T if PTIN
	arer				self-employed
	Only	Firm's name >			Firm's EIN ▶
Sond 1	orm on	Firm's address >	to: Department of the Treasury Internal D	evenue Service Co-	Phone no.