FORM 4

UNITED STATES SE

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

CURITIES AND EXCHANGE COMMISSION

OMB APPROVAL											
OMB Number:	3235-0287										
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0.5

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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(h)

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative
defense conditions of Rule 10b5-1(c).

See Ins	struction 10.																			
Name and Address of Reporting Person* Tozier Scott					2. Issuer Name and Ticker or Trading Symbol ASHLAND INC. [ASH]								Relationship of Reporting Person(s) to Issuer (Check all applicable)							
TOZICI SCOU														Directo	or		10% Ov	vner		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 01/21/2025									Officer (give title Other (spec below) below)					
8145 BL	AZER DR	IVE																		
					. 4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)														Line)	,					
, ,	NGTON D	Œ	19808											1	4	,		orting Persor		
															Form f Persor		re thar	n One Repor	ting	
(City)	(9	State)	(Zip)												Persor	ı				
(City)	(0	nate)	(ΖΙΡ)																	
		Tab	le I - Non	ı-Deriv	ative	Se	curities	s Ac	quired,	Disp	osed o	of, or Be	nefi	cially	Owned	t				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					ar) i	2A. Deem Execution of any (Month/Da	Date	Transaction Dispose Code (Instr. 5)		rities Acquired (A ed Of (D) (Instr. 3,				es ally Following	Form (D) o	n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	mount (A) o		ice	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)		
			able II - I						uired, D s, option						Owned			,		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	Code (Inst				6. Date Exc Expiration (Month/Dat	Date		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		[S	. Price of Perivative Security Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershij (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amo or Num of Shar	ber						
Restricted Stock (1) 01/21/2025		A		2,050		(2)		(2)	Common Stock	2,0:	50	\$73.16	3,209	3)	D					

Explanation of Responses:

- 1. Each Restricted Stock Unit (RSU) represents a right to receive one (1) share of Ashland Common Stock.
- 2. Grant of stock-settled Restricted Stock Units granted under the Ashland Inc. Omnibus Incentive Plan. The Restricted Stock Units are deferred at the election of the Reporting Person under the Ashland Inc. Deferred Compensation Plan for Non-Employee Directors until retirement from service as a director. The Restricted Stock Units will vest one year after the grant date. One (1) Restricted Stock Unit in the Ashland Inc. Deferred Compensation Plan for Non-Employee Directors is the equivalent of one (1) share of Ashland Common Stock.
- 3. Balance includes additional Restricted Stock Units acquired in lieu of cash dividends.

/s/ Serena S. Kenost, Attorney-01/23/2025 in-Fact for Scott A. Tozier

** 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.