12/4/2020 Ownership Submission

FORM 3

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

OMB APPROVAL				
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INITIAL STATEMENT OF 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

(Print or Type Responses)								
1. Name and Address of Reporting Person * WARNER JOHN B	2. Date of Event Requiring Statement (Month/Day/Year) 12/03/2020				3. Issuer Name and Ticker or Trading Symbol SEABOARD CORP /DE/ [SEB]			
9000 WEST 67TH STREET (Middle)			4. Relationship of Reporting Person(s) to Issuer			o 5. If Amendment, Date Original Filed(Month/Day/Year)		
(Street) SHAWNEE MISSION, KS 66202			Director	X_ Officer (give title Other (specify below)		lual or Joint/Group Filing(Check Line) iled by One Reporting Person		
Sin twite inission, its 00202				Vice Presid	ent-Human Resourc	es Form fi	led by More than One Reporting Person	
(City) (State) (Zip)		Table I - Non-Derivative Securities Beneficially Owned						
1.Title of Security (Instr. 4)	2. Amount of Secu Beneficially Owne (Instr. 4)		ally Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Seaboard Corporation Common Stock 1				D				
Reminder: Report on a separate line for each class of Persons who respond unless the form disp	d to the co	ollection o	f infor	mation contained in th	s form are not re	quired to respo	SEC 1473 (7-02)	
Table II - Deriva	tive Securiti	ies Benefic	ially Ov	wned (e.g., puts, calls, wa	rants, options, cor	vertible securitie	s)	
(Instr. 4) and Expiration Date Un		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(D) or Indirect (I) (Instr. 5)		

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
WARNER JOHN B 9000 WEST 67TH STREET SHAWNEE MISSION, KS 66202			Vice President-Human Resources	

Signatures

/s/ John B. Warner	12/03/2020
**Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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.