

IBERIABANK CORP
Form 4
September 09, 2016

FORM 4

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

OMB APPROVAL

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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(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *
BROWN MICHAEL J

(Last) (First) (Middle)
200 WEST CONGRESS STREET
(Street)

LAFAYETTE, LA 70501

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol
IBERIABANK CORP [IBKC]

3. Date of Earliest Transaction
(Month/Day/Year)
09/08/2016

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

____ Director _____ 10% Owner
 Officer (give title below) _____ Other (specify below)
VICE CHAIRMAN

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

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

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|--|---|
| | | | Code | V Amount (D) Price | | | |
| COMMON STOCK | 09/08/2016 | | M | 7,700 (1) A \$ 56.42 | 124,482 | D | |
| COMMON STOCK | 09/08/2016 | | M | 6,252 (2) A \$ 57.31 | 130,734 | D | |
| COMMON STOCK | 09/08/2016 | | F | 11,517 (3) D \$ 68.83 | 119,217 | D | |
| COMMON STOCK | | | | | 4,011 | I | BY 401K |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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(9-02)

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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | 5. Number of Derivative Securities (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | 7. Title and Underlying Security (Instr. 3 and 4) |
|---|--|---|---|-----------------------------------|---|---|--|
| INCENTIVE STOCK OPTIONS | \$ 56.42 | 09/08/2016 | | M | 1,611 | 01/29/2008 01/29/2017 | COMMON STOCK |
| NON-QUALIFIED STOCK OPTIONS | \$ 56.42 | 09/08/2016 | | M | 6,089 | 01/29/2008 01/29/2017 | COMMON STOCK |
| INCENTIVE STOCK OPTIONS | \$ 57.31 | 09/08/2016 | | M | 661 | 02/26/2008 02/26/2017 | COMMON STOCK |
| NON-QUALIFIED STOCK OPTIONS | \$ 57.31 | 09/08/2016 | | M | 5,591 | 02/26/2008 02/26/2017 | COMMON STOCK |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|--|---------------|-----------|---------------|-------|
| | Director | 10% Owner | Officer | Other |
| BROWN MICHAEL J 200 WEST CONGRESS STREET LAFAYETTE, LA 70501 | | | VICE CHAIRMAN | |

Signatures

MICHAEL J.
BROWN 09/09/2016

**Signature of Reporting Person Date

Explanation of Responses:

* 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).

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- (1) EXERCISE OF OPTIONS GRANTED JANUARY 29, 2007.
- (2) EXERCISE OF OPTIONS GRANTED FEBRUARY 26, 2007.
- (3) EXCHANGED SHARES TO COVER THE COST OF OPTIONS EXERCISED.

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.