#### IAC/INTERACTIVECORP

Form 4 April 04, 2017

## FORM 4

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

**OMB** 3235-0287 Number:

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

January 31, Expires: 2005

0.5

**OMB APPROVAL** 

Form 4 or Form 5 obligations may continue.

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

2. Issuer Name and Ticker or Trading

IAC/INTERACTIVECORP [IACI]

Symbol

response...

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

Estimated average

burden hours per

See Instruction

1(b).

value

(Print or Type Responses)

**BRONFMAN EDGAR JR** 

1. Name and Address of Reporting Person \*

									(Che	ck all applicabl	e)
(Last)	(First)	(Middle)	3. Date of	f Earlies	st Tr	ansaction					
			(Month/D	ay/Yea	r)				_X_ Director		% Owner
C/O			03/31/2	017					Officer (giv		er (specify
IAC/INTE	RACTIVECORF	, 555							below)	below)	
	'H STREET										
	(Street)		4. If Ame	ndment	, Da	te Origina	ıl		6. Individual or J	oint/Group Fili	ng(Check
			Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person			
NEW YORK, NY 10011								Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tabl	e I - No	n-D	erivative)	Secui	rities Acq	uired, Disposed o	of, or Beneficia	lly Owned
1.Title of	2. Transaction Da	te 2A. Dee	emed	3.		4. Securi	ties A	cquired	5. Amount of	6.	7. Nature of
Security	(Month/Day/Year	) Execution	on Date, if	Transa	actio	on(A) or D			Securities	Ownership	Indirect
(Instr. 3)		any		Code		(Instr. 3,	4 and	5)	Beneficially	Form: Direct	Beneficial
		(Month/	'Day/Year)	(Instr.	8)				Owned	(D) or	Ownership
									Following	Indirect (I)	(Instr. 4)
							(A)		Reported Transaction(s)	(Instr. 4)	
							or		(Instr. 3 and 4)		
				Code	V	Amount	(D)	Price	(Instr. 5 and 1)		
Common											
Stock, par	03/31/2017			A(1)		170	A	\$	24,230 (1)	D	
value	03/31/2017			$A_{\underline{(1)}}$		170	A	73.72	24,230 (1)	D	
\$0.001 (1)											
T											
Common											As
Stock, par									2,125	I	custodian
value									2,123	1	for minor
\$0.001											children
Common									5,375	I	By IRA
Stock, par											

\$0.001

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

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 control number.

SEC 1474

(9-02)

9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr

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)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
BRONFMAN EDGAR JR C/O IAC/INTERACTIVECORP 555 WEST 18TH STREET NEW YORK, NY 10011	X					

### **Signatures**

Joanne Hawkins as Attorney-in-Fact for Edgar Bronfman Jr.

04/04/2017

Date

\*\*Signature of Reporting Person

#### C D

# **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).
- (1) Represents share units accrued under the Non-Employee Director Deferred Compensation Plan as of the date of this report.

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.

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