IAC/INTERACTIVECORP

Form 4 April 04, 2017

FORM 4

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

OMB Number:

Issuer

X Director

Check this box if no longer subject to Section 16. Form 4 or

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

Estimated average burden hours per response... 0.5

5. Relationship of Reporting Person(s) to

(Check all applicable)

10% Owner

Expires:

OMB APPROVAL

3235-0287

January 31,

2005

Form 5 obligations may continue. See Instruction

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]

3. Date of Earliest Transaction

(Month/Day/Year)

Symbol

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person *

(First)

(Middle)

BRONFMAN EDGAR JR

| C/O IAC/INTER WEST 18T | RACTIVECORP, H STREET | 03/31/2 555 | 017 | | | | Officer (given below) | e titleOth below) | er (specify | |
|---|--|---|--|-------------------|------------------------------|---|---|--|---|--|
| (Street) 4. If Ame | | | endment, Date Original | | | 6. Individual or Joint/Group Filing(Check | | | | |
| | Filed(Month/Day/Year) | | | | | Applicable Line) | | | | |
| NEW YORK, NY 10011 | | | | | | _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (State) | (Zip) Tabl | le I - Non-D | Derivative | Secui | rities Acq | cquired, Disposed of, or Beneficially Owned | | | |
| 1.Title of Security (Instr. 3) Common Stock, par value \$0.001 (1) | 2. Transaction Date (Month/Day/Year) 03/31/2017 | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) Code V A(1) | (Instr. 3, | ispose 4 and (A) or | d of (D) | 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) | |
| Common Stock, par value \$0.001 | | | | | | | 2,125 | I | As custodian for minor children | |
| Common Stock, par value | | | | | | | 5,375 | I | By IRA | |

\$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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