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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

OMB APPROVAL									
OMB Number: 3235-028									
Estimated average burden									
hours per response.	0.5								

1. Name and Address of Reporting Person <sup>*</sup> Von Furstenberg Alexander			2. Issuer Name <b>and</b> Ticker or Trading Symbol IAC/INTERACTIVECORP [ IAC ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>von Furstenberg Alexander</u>				X Director 10% Owner					
				Officer (give title Other (specify					
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 12/15/2017	below) below)					
C/O ARROV	<b>WINVESTMENT</b>	S	12/15/2017						
555 WEST 18TH STREET, 5TH FLOOR		TH ELOOP							
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)				X Form filed by One Reporting Person					
NEW YORF	K NY	10011		Form filed by More than One Reporting Person					
(City)	(State)	(Zip)							

## 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)	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock, par value \$0.001 <sup>(1)</sup>	12/15/2017		M <sup>(1)</sup>		1,268	A	\$ <mark>0</mark>	62,083 <sup>(2)</sup>	D	

 

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

 Transaction
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 5 Number
 6 Date Exercicable and
 7 Title and

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. Transa Code ( 8)		of Expiration Date Derivative (Month/Day/Year) Securities Acquired		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Restricted Stock Units <sup>(3)</sup>	\$0	12/15/2017		М			1,268	12/15/2017 <sup>(3)</sup>	12/15/2019 <sup>(3)</sup>	Common Stock, par value \$0.001	1,268	\$0	2,537	D	

Explanation of Responses:

1. Represents shares of IAC common stock acquired upon the vesting of restricted stock units (see footnote 3 below).

2. Includes (i) 58,542 shares of IAC Common Stock held directly by the reporting person and (ii) 3,541 share units accrued under the Non-Employee Director Deferred Compensation Plan as of the date of this report.

3. Represents restricted stock units that vested/vest in equal installments over three years on the anniversary of the grant date (December 15, 2016).

Tanya M. Stanich as Attorney-<br/>in-Fact for Alexander Von12/19/2017Furstenberg12/19/2017

\*\* Signature of Reporting Person Date

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

 $^{\ast}$  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.