FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APP | ROVAL |
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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

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

| 1. Name and Address of Reporting Person* Schiffman Glenn | | | | | | 2. Issuer Name and Ticker or Trading Symbol IAC/INTERACTIVECORP [IAC] | | | | | | | | | | k all applica Director | able) | g Perso | on(s) to Issu 10% Ow | ner | | |
|--|--|--|---|--|----------------------------|---|-----|--------|--|--------------------|------------------------------|--------------------------|---|---|----------------------|---|---|--|--|--|--|--|
| (Last) 555 WES | (F ST 18TH ST | , | (Middle) | | | Date of Earliest Transaction (Month/Day/Year) 01/22/2020 | | | | | | | | | X | below) | give title EVP | Other (speci below) | | респу | | |
| (Street) NEW Y(| | itate) | 10011 (Zip) | | 7 | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Application) X 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 | | | | | | | | | | | | | | | | | | | | | |
| | | | Date | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date if any (Month/Day/Yea | | ` c₀ | Transaction Disposed (| | s Acquired Of (D) (Instr. | I (A) o . 3, 4 a | r and 5) | 5. Amoun Securities Beneficia Owned Fo | s lly ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | | Co | de \ | , | Amount | (A) or (D) | Pric | e:e | Reported Transacti (Instr. 3 a | on(s) | | | (Instr. 4) | | |
| Common | Stock, par | value \$0.001 ⁽¹⁾ | | 01/22 | 2/2020 | 0 | | | М | (1) | | 8,988 | A | , | \$0 | 8,9 | 88 | D | | | | |
| Common | Stock, par | value \$0.001 ⁽²⁾ | | 01/22 | 2/2020 | 0 | | | F | (2) | | 4,402 | D | \$27 | 72.49 | 4,586 | | | D | | | |
| | | | Table II - | | | | | | | | | osed of, o | | | | wned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution E if any (Month/Day | ate, T | ransaction Code (Instr. | | of | | 6. Date Exercisab Expiration Date (Month/Day/Year) | | | le and | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | | B. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | i C | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | С | ode | v | (A) | | Date Exercis | | | opiration ate | Title | Amo or Num of Shar | nber | | | | | | | |
| Restricted Stock | \$0 | 01/22/2020 | | | M | | | 8,988 | 02/13/2 | 019 ⁽³⁾ | 02 | 2/12/2022 ⁽³⁾ | Common Stock, par value | 8,9 | 88 | \$0 | 0 | | D | | | |

Explanation of Responses:

- 1. Represents shares of IAC common stock acquired upon the vesting of performance-based restricted stock units (see footnote 3 below).
- 2. Represents shares of IAC common stock withheld to cover the payment of taxes due in connection with the vesting of performance-based restricted stock units (see footnote 3 below).
- 3. Represents performance-based restricted stock units that vested on January 22, 2020 following the satisfaction of the related performance condition.

Tanya Stanich as Attorney-in-

** Signature of Reporting Person Date

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

- * 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.