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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 2025 00

| OMB Number: | 3235-0287 |
|------------------------|-----------|
| Estimated average burd | en |
| hours per response: | 0.5 |

| 1. Name and Address of Reporting Person* De Rycker Sonali | | | 2. Issuer Name and Ticker or Trading Symbol | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---------|----------|--|---|---------------------------------|-----------------------|--|--|--|
| <u>De Rycker Sonan</u> | | | | X | Director | 10% Owner | | | |
| (Last) (First) (Middle) C/O ACCEL PARTNERS | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 06/30/2013 | | Officer (give title below) | Other (specify below) | | | |
| 16 ST. JAMES'S STREET | | | 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 Re | porting Person | | | |
| LONDON | X0 | SW1A 1ER | | | Form filed by More th Person | an One Reporting | | | |
| (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) | 3. Transa Code (8) | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|--|---|------------------------------|---|--------|---------------|---------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (mou. 4) |
| Common Stock, par value \$0.001 ⁽¹⁾ | 06/30/2013 | | A ⁽¹⁾ | | 131 | A | \$47.58 | 3,536 ⁽²⁾ | D | |

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. Transa Code (8) | | 5. Nu of Deriv Secu (A) or Dispo of (D) (Instr and 5 | ative rities ired osed 2.3,4 | 6. Date Exerc Expiration Da (Month/Day/Y | 7. Title Amoun Securi Under Deriva Securi and 4) | nt of ties lying tive ty (Instr. 3 | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | |

Explanation of Responses:

1. Represents share units accrued under the Non-Employee Director Deferred Compensation Plan as of June 30, 2013.

2. Includes (i) 2,739 shares of IAC common stock held directly by the reporting person and (ii) 797 share units accrued under the Non-Employee Director Deferred Compensation Plan as of June 30, 2013.

Tanya M. Stanich as Attorney-07/02/2013 in-Fact for Sonali De Rycker

** 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.