Instruction 1(b).

FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Machineton	D C	20540	
Washington,	D.C.	20549	

<b>STATEMENT</b>	OF	<b>CHANGES</b>	IN BENI	EFICIAL	<b>OWNERSH</b>	Ш

P 3235-0287 Estimated average burden hours per response: 0.5

**OMB APPROVAL** 

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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* <u>EISNER MICHAEL D</u>					2. Issuer Name and Ticker or Trading Symbol IAC Inc. [ IAC ]									all app Direc	tionship of Reportir all applicable) Director		10% O	Owner	
(Last) C/O THI 233 SOU	3. Date of Earliest Transaction (Month/Day/Year) 09/30/2024									Office below	er (give title v)		Other (: below)	specify					
(Street) BEVERI HILLS	LY CA	<b>A</b> 9	90212		4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/						y/Year)	)	Individual or Joint/Group Filing (Check Applicatine)     Form filed by One Reporting Person     Form filed by More than One Reporting Person					on
(City)	(Sta		Zip)			•													
		Table	1 - No	n-Deriva	tive S	secu	rities	Acq	uired,	Dis	posed of	, or E	senef	icially	Own	ed			
Date				2. Transac Date (Month/Da	Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)					ties cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) (D)	or Pr	ice	Transaction(s) (Instr. 3 and 4)				(111501.4)
Common	Stock, par	value \$0.0001 <sup>(1)</sup>	)	09/30/2	024			A <sup>(1)</sup>		232	A	. \$	53.82	164,863(2)		D			
Common Stock, par value \$0.0001															40	),555		I	Through a trust, of which the reporting person is trustee
		Tai	ble II -								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	(e.g., puts, calls, warrar  3. Transaction Date (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (A) or Dispos of (D) (Instr. and 5)				rative rities ired r osed )	6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)				8. I De See (In:	Price of ivative curity str. 5)	tive derivative ty Securities		0. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	Code V (A) (D)		(D)	Date Exercis	able	Expiration Date	Title	or Numb of Share						

## **Explanation of Responses:**

- 1. Represents share units accrued under the Non-Employee Director Deferred Compensation Plan as of the date of this report.
- 2. Includes: (i) 162,406 shares of IAC common stock held directly by the reporting person (personally or through a trust, of which the reporting person is the grantor/sellor, sole trustee and sole beneficiary) and (ii) 2,457 share units accrued under the Non-Employee Director Deferred Compensation Plan as of the date of this report.

/s/ Tanya M. Stanich as

10/02/2024 Attorney-in-Fact for Michael

**Eisner** 

\*\* 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.