SEC Form 4	
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 $\Box$ 

Restricted

\$<mark>0</mark>

Explanation of Responses:

Stock

Units<sup>(2)</sup>

## FORM 4

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

OMB APPROVAL

OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

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 <sup>*</sup> Hammer Bonnie S				2. Issuer Name <b>and</b> Ticker or Trading Symbol IAC Inc. [IAC]							(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
				,						X	Director	r		10% O	wner					
(Last)	(F	3. Date of Earliest Transaction (Month/Day/Year) 05/14/2024							Officer below)	(give title		Other ( below)	specify							
C/O IAC INC.						4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Inc	6. Individual or Joint/Group Filing (Check Applicable						
555 WEST 18TH STREET										Line)	e)									
											2	X Form filed by One Reporting Person				n				
(Street) NEW YORK NY 10011											Form fi Person		re than	One Repo	rting					
					Pula	10b5-1(	<u>а т</u>	rane	actic	n Indi	cati	on	_							
(0:+.)	(0	4-4-)	(7)			1000-1(	C) I	101150	actic		cau	UII								
(City) (State) (Zip) Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to a the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									to satisfy											
		Ta	ble I - Nor	n-Deriv	ative Se	curities /	Acqu	iired,	Disp	osed of	f, or	Bene	ficially	/ Owned						
1. Title of Security (Instr. 3) 2. Trans Date (Month/				action 2A. Deemed Execution Date, if any (Month/Day/Year)			3.4. Securities Acqu Disposed Of (D) (ICode (Instr.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	Transacti	ransaction(s) nstr. 3 and 4)			(Instr. 4)				
Common Stock, par value \$0.0001 <sup>(1)</sup> 05/1				05/14	4/2024			<b>M</b> <sup>(1)</sup>		549		Α	\$ <mark>0</mark>	\$0 27,419			D			
			Table II -			urities Ao s, warrar								Owned						
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, T curity or Exercise (Month/Day/Year) if any C			ransaction ode (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	Expiration Date (Month/Day/Year)				and 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)					e s ally	10. Ownershij Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownershi (Instr. 4)			

Date Exercisable

05/14/2022<sup>(2)</sup>

Expiration Date

05/14/2024<sup>(2)</sup>

Title

Stock,

par value \$0.0001

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

1. Reflects shares of IAC common stock acquired upon the vesting of restricted stock units (see footnote 2 below).

\* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

05/14/2024

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

2. Represents restricted stock units that vested/vest in equal installments on each of May 14, 2022, 2023 and 2024, subject to continued service.

Code V

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(A) (D)

549

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.

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D

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05/15/2024

Date

Amount or Number

of Shares

549

Tanya M. Stanich as Attorney-

in-Fact for Bonnie H. Hammer \*\* Signature of Reporting Person

\$<mark>0</mark>