FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| Washington, D.C. 20549 | |
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| illigion, D.C. 20349 | OMB APPROVAL |
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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).

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

| Name and Address of Reporting Person* <u>Schiffman Glenn</u> | | | | | | | | | | | | | | | | k all applic Director | able) | g Pers | on(s) to Issu 10% Ow Other (s | ner | |
|--|---|--|---|-----------|---|---|-------|-----------|--|--|---------------|--------------------------|--|--|---|--|--|----------------------|--|--|--|
| (Last) 555 WES | (F ST 18TH S | irst) ΓREET | (Middle) | | | Date (| | iest Tra | nsac | ction (Mo | nth/E | Day/Year) | | | X | below) | (give title | & CF | below) | респу | |
| (Street) | ORK N | Y | 10011 | | _ 4. | If Ame | endme | ent, Date | e of C | of Original Filed (Month/Day/Year) | | | | | | Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | Person | | | | | |
| | | Та | ble I - No | n-Der | ivativ | re Se | curi | ties A | cqu | uired, | Dis | posed of | , or Ben | efic | ially | Owned | | | | | |
| | | | 2. Transaction Date (Month/Day/Year) | | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | · | 3. Transaction Code (Instr. r) 8) | | | | I (A) oi . 3, 4 a | r and 5) | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Pric | е | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | |
| Common Stock, par value \$0.001 ⁽¹⁾ | | | | 10/0 | 10/01/2019 | | | | | M ⁽¹⁾ | | 2,000 | A | \$4 | 5.78 2 | | 000 | | D | | |
| Common Stock, par value \$0.001 ⁽²⁾ | | | 10/0 | 0/01/2019 | | | | | S ⁽²⁾ | | 2,000 | D | \$21 | 17.37 | | 0 | | D | | | |
| | | | Table II - | | | | | | | | | osed of, convertib | | | | 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 I if any (Month/Day | Date, | 4. Transaction Code (Instr. 8) | | of | | Exp | 6. Date Exercisab Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securitie: Beneficia Owned Following Reported Transacti (Instr. 4) | e es ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | ode V | | (D) E | | | | xpiration ate | Title | Amo or Num of Shar | nber | | | | | | |
| Options to Purchase Common Stock, par value | \$45.78 | 10/01/2019 | | | М | | | 2,000 | 04/0 |)7/2017 ⁽³ |) 04 | 4/07/2026 ⁽³⁾ | Common Stock, par value \$0.001 | 2,0 | 000 | \$0 | 168,00 | 00 | D | | |

Explanation of Responses:

- 1. Represents shares of IAC common stock acquired upon the exercise of stock options (see footnote 3 below).
- 2. Reflects the sale of shares of IAC common stock effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.
- 3. Represents stock options that vested/vest in four equal installments on the first four anniversaries of the grant date (April 7, 2016), subject to continued service.

Tanya Stanich as Attorney-in-Fact for Glenn H. Schiffman

10/03/2019

** 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.