FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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| Check this box if no longer subject | |
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| to Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* EISNER MICHAEL D | | | | | 2. Issuer Name and Ticker or Trading Symbol IAC Inc. [IAC] | | | | | | | | | | k all app Direc | ionship of Reportin all applicable) Director Officer (give title | | rson(s) to Is 10% Ov Other (s | wner |
|--|--|--|---|---------|---|---|---|--------|--|--------|------------------------------|--|--|-----------------------------|----------------------------|--|---|--|---------------------------------------|
| (Last) (First) (Middle) C/O THE TORNANTE COMPANY, LLC 233 SOUTH BEVERLY DRIVE, 2ND FLOOR | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/30/2022 | | | | | | | | | | v) | | below) | |
| (Street) BEVERI HILLS, (City) | C <i>F</i> | | 90212 Zip) | | 4. If # | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | Form Form | dual or Joint/Group Filing (Check Applicable 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. Transac Date (Month/Da | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | 4 and Securities Beneficia Owned Fo | | ties cially Following | Form (D) o | r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | Code | v | Amount | (A) (D) | or Pri | се | Transa | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | | |
| Common | Stock, par | value \$0.0001 ⁽¹⁾ |) | 09/30/2 | 2022 | | | | A ⁽¹⁾ | | 226 | A | \$5 | 55.38 | 50 | ,843(2) | | D | |
| Common | ommon Stock, par value \$0.0001 | | | | | | | | | | | | | 40,555 | | | I 1 | Through a trust, of which the reporting person is trustee | |
| | 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 | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Expirati (Month/ | ion Da | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | De Se (In: | ivative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Code | | | Date Exercisable | | Expiration Date | Title | or Number of Shares | | | | | | | | |

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) 50,327 shares of IAC common stock held directly by the reporting person and (ii) 516 share units accrued under the Non-Employee Director Deferred Compensation Plan as of the date of this report.

Tanya M. Stanich as Attorneyin-Fact for Michael D. Eisner

10/04/2022

** 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.