Edgar Filing: SYLVAIN MONICA R. - Form 4

SYLVAIN M	IONICA R.										
Form 4											
January 15, 2	2019										
FORM	4									PPROVAL	
	UNITE	D STATES		ITIES A hington,			NGE (COMMISSION	OMB Number:	3235-0287	
Check this box if no longer									Expires:	January 31,	
subject to		EMENT O	F CHAN	GES IN BENEFICIAL OWN				NERSHIP OF	Estimated a	2005 average	
Section 16. SECURITIES							burden hours per				
Form 4 or Form 5			Castian 10	(a) = f + b	. Comiti	an Er		A -+ -f 1024	response	0.5	
obligation	• •							ge Act of 1934, f 1935 or Sectio	n		
may cont See Instru	inue.		of the Inv	•	•	- ·			11		
1(b).											
(Print or Type F	Responses)										
(I IIII OF I JPP I	(esponoed)										
1. Name and Address of Reporting Person <u></u> 2. Issuer Name and Ticker or Trading					g	5. Relationship of Reporting Person(s) to Issuer					
SYLVAIN MONICA R. Symbo IBER				/mbol							
				BANK C	ORP [IB	KC]		(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				in an approach	-)			
				(Month/Day/Year)				Director	10% Owner		
200 WEST 0	CONGRESS S	TREET	01/11/20)19				Officer (give below)	below)	er (specify	
								EVP, Chi	ief Diversity O	fficer	
				. If Amendment, Date Original iled(Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of	2. Transaction I	Date 2A. Dee	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Ye							Form: Direct			
(Instr. 3)		any (Month)	CodeDisposed of (D)/Day/Year)(Instr. 8)(Instr. 3, 4 and 5)					Beneficially Owned		Beneficial Ownership	
		(((-)	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price				
Common Stock	01/11/2019			А	528 <u>(1)</u>	А	\$0	1,179	D		

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

Reporting Owners

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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. Transactic Code (Instr. 8)	5. Number Doof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		(Instr. 3 and 4)		8. P Der Sec (Ins
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options (Right to buy)	\$ 70.32	01/11/2019		A	870 (2)	01/11/2020	01/11/2029	Common Stock	870	\$ ^

Reporting Owners

Reporting Owner Name / Addr	ess	Relationships					
L O	Director	10% Owner	Officer	Other			
SYLVAIN MONICA R. 200 WEST CONGRESS STR LAFAYETTE, LA 70501	EET		EVP, Chief Diversity Officer				
Signatures							
MONICA R. SYLVAIN	01/15/2019						

<u>**</u>Signature of Reporting Person

Explanation of Responses:

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

Date

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) GRANT OF RESTRICTED STOCK AWARDS VIA ISSUER'S 2016 STOCK INCENTIVE PLAN, WILL VEST EQUALLY OVER A 3-YEAR PERIOD COMMENCING WITH THE FIRST ANNIVERSARY OF THE DATE OF THE GRANT.
- (2) STOCK OPTIONS, AWARDED VIA ISSUER'S 2016 STOCK INCENTIVE PLAN, WILL VEST OVER A 3-YEAR PERIOD COMMENCING ON THE FIRST ANNIVERSARY OF THE DATE OF GRANT AT 33.33% PER YEAR.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.