

IBERIABANK CORP
Form 4
February 17, 2017

FORM 4

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

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 OF
SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
30(h) of the Investment Company Act of 1940

OMB APPROVAL

OMB
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(Print or Type Responses)

1. Name and Address of Reporting Person *
PRICE MICHAEL SCOTT

(Last) (First) (Middle)

200 WEST CONGRESS STREET

(Street)

LAFAYETTE, LA 70501

(City) (State) (Zip)

2. Issuer Name **and** Ticker or Trading
Symbol

IBERIABANK CORP [IBKC]

3. Date of Earliest Transaction
(Month/Day/Year)

02/15/2017

4. If Amendment, Date Original
Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to
Issuer

(Check all applicable)

____ Director ____ 10% Owner
__X__ Officer (give title ____ Other (specify
below) below)

CHIEF ACCOUNTING OFFICER

6. Individual or Joint/Group Filing(Check
Applicable Line)
__X__ 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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
COMMON STOCK	02/15/2017		A	905 ⁽¹⁾ A	\$ 0 6,409	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
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(9-02)

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

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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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)			
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
STOCK OPTIONS	\$ 85.6	02/15/2017		A		667 (2)		02/15/2018	02/15/2027	COMMON STOCK	667
PHANTOM STOCK	\$ 0	02/15/2017		A		724 (4)		(3)	(3)	COMMON STOCK	724

Reporting Owners

Reporting Owner Name / Address	Relationships
	Director 10% Owner Officer Other
PRICE MICHAEL SCOTT 200 WEST CONGRESS STREET LAFAYETTE, LA 70501	CHIEF ACCOUNTING OFFICER

Signatures

MICHAEL SCOTT
PRICE
02/17/2017

__Signature of Reporting Person Date

Explanation of Responses:

- * 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).
- (1) GRANT OF RESTRICTED STOCK AWARDS VIA ISSUER'S 2016 STOCK INCENTIVE PLAN, WILL VEST EQUALLY OVER A 5-YEAR PERIOD COMMENCING ON THE FIRST ANNIVERSARY OF THE DATE OF THE GRANT.
- (2) STOCK OPTIONS, AWARDED VIA ISSUER'S 2016 STOCK INCENTIVE PLAN, WILL VEST OVER A 5-YEAR PERIOD COMMENCING ON THE FIRST ANNIVERSARY OF THE DATE OF GRANT AT 20% PER YEAR.
- (3) GRANT OF PHANTOM STOCK, WILL VEST EQUALLY OVER A 5-YEAR PERIOD. THE FIRST VESTING WILL OCCUR 13 MONTHS AFTER THE GRANT DATE WITH SUBSEQUENT VESTING'S OCCURRING ON THE 2ND, 3RD, 4TH AND 5TH ANNIVERSARY OF THE GRANT DATE.
- (4) SHARES OF PHANTOM STOCK ARE PAYABLE IN CASH UPON VESTING.

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.