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SPOON AL Form 4	AN G										
June 29, 20	18										
FORM	Λ4		GEGU				NGE			PPROVAL	
Washington, D.C. 20549								N OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Action							Estimated burden hoi response	urs per			
obligatio may cor <i>See</i> Inst 1(b).	tinue. Section 17(Jtility Hol nvestment	•	-	•	of 1935 or Secti 940	on		
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> SPOON ALAN G			2. Issuer Name and Ticker or Trading Symbol IAC/INTERACTIVECORP [IACI				-	5. Relationship of Reporting Person(s) to Issuer			
							ACI	J (Check all applicable)			
(Last) (First) (Middle) C/O NORTHSTAR ADVISOR			3. Date of Earliest Transaction (Month/Day/Year) 06/28/2018				X_ Director 10% Owner Officer (give title Other (specify below) below)				
SUITE 350	VINTER STREE	1,									
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
WALTHA	M, MA 02451								More than One R		
(City)	(State)	(Zip)	Tal	ole I - Non-l	Derivative	Secu	rities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed 3. 4. Securities (Month/Day/Year) Execution Date, if TransactionAcquired (A) or any Code Disposed of (D) (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) (A) or)	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 Indirect Beneficial Ownership (Instr. 4)					
				Code V	Amount	(D)	Price	(instr. 5 and 4)			
Reminder: Re	port on a separate line	e for each cl	ass of sec	eurities bene	Perso inform requir	ns w natio red to iys a	ho res n cont o respo	or indirectly. spond to the colle ained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	
	Tab			curities Acq ls, warrants				Beneficially Owner securities)	đ		

1. Title of
Derivative2.3. Transaction Date3A. Deemed4.5. Number6. Date Exercisable and Expiration7. Title and Amount
Underlying Security0. DerivativeConversion(Month/Day/Year)Execution Date, ifTransaction of DerivativeDate7. Title and Amount
Underlying Security

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year)		(Instr. 3 and 4)	
				Code V	(A) (D	Date Exercisable	Expiration Date	Title	Amo or Num of Shar
Restricted Stock Units	\$ 0	06/28/2018		А	1,641	06/28/2019 <u>(1)</u>	06/28/2021 <u>(1)</u>	Common Stock, par value \$0.001	1,6

Reporting Owners

Reporting Owner Name / Address		Relationsh					
I g to to to to to to	Director	10% Owner	Officer	Other			
SPOON ALAN G C/O NORTHSTAR ADVISOR LLC 880 WINTER STREET, SUITE 350 WALTHAM, MA 02451	Х						
Signatures							
Joanne Hawkins as Attorney-in-Fact f	for Alan						
Spoon		06	5/29/2018	3			
<u>**</u> 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) Represents restricted stock units granted pursuant to the Company's 2013 Stock and Annual Incentive Plan, which vest in equal installments over three years on the anniversary of the grant date (June 28, 2018).

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.