GBUREK JAMES B.

Form 4

September 30, 2010

FORM 4

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

OMB Number:

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

January 31, Expires: 2005

3235-0287

OMB APPROVAL

Form 4 or Form 5

Estimated average burden hours per response... 0.5

obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person ** GBUREK JAMES B. | 2. Issuer Name and Ticker or Trading Symbol | 5. Relationship of Reporting Person(s) to Issuer | | | |
|--|---|---|--|--|--|
| (Last) (First) (Middle) | IBERIABANK CORP [IBKC] 3. Date of Earliest Transaction | (Check all applicable) Director 10% Owner _X_ Officer (give title Other (specif below) EXECUTIVE VICE PRESIDENT | | | |
| 200 WEST CONGRESS STREET | (Month/Day/Year) 09/29/2010 | | | | |
| (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 | | | |
| LAFAYETTE, LA 70501 | | Form filed by More than One Reporting Person | | | |

(State)

(Zip)

(City)

| | (- 3) | (******) | 1 able 1 | - Non-Der | ivative Se | ecuritie | es Acqu | irea, Disposea oi | , or Beneficiali | y Ownea |
|-------|-------------|---------------------|--------------------|------------|---------------------|-----------|------------|-------------------|------------------|--------------|
| 1.Tit | le of | 2. Transaction Date | 2A. Deemed | 3. | 4. Securi | ties Ac | quired | 5. Amount of | 6. | 7. Nature of |
| Secu | rity | (Month/Day/Year) | Execution Date, if | Transactio | on(A) or Di | isposed | of | Securities | Ownership | Indirect |
| (Inst | r. 3) | | any | Code | (D) | | | Beneficially | Form: Direct | Beneficial |
| | | | (Month/Day/Year) | (Instr. 8) | (Instr. 3, 4 and 5) | | | Owned | (D) or | Ownership |
| | | | | | | | | Following | Indirect (I) | (Instr. 4) |
| | | | | | | (4) | | Reported | (Instr. 4) | |
| | | | | | | (A) | | Transaction(s) | | |
| | | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | |
| | MMON OCK | 09/29/2010 | | D | 86 | D | \$ 49.1 | 5,001 | D | |

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Table I Non Designative Securities Assured Disposed of an Deneficially O

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. Transactio Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) | | ate | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | of ng s | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|---|---------------|---|---|
| | | | | Code V | (Instr. 3, 4, and 5) (A) (D) | Date Exercisable | Expiration Date | or Title Nu of | umber | | |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

GBUREK JAMES B. 200 WEST CONGRESS STREET LAFAYETTE, LA 70501

EXECUTIVE VICE PRESIDENT

Signatures

JAMES B. 09/30/2010 GBUREK

**Signature of Date
Reporting Person

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).

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.

Reporting Owners 2