IBERIABANK CORP

Form 4

February 23, 2016

FORM 4

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

OMB 3235-0287 Number:

OMB APPROVAL

Check this box if no longer subject to

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

January 31, Expires: 2005

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Section 16. Form 4 or Form 5 obligations may continue.

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

burden hours per response...

Estimated average

See Instruction 1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * KOTTLER ROBERT M | | ng Person * | 2. Issuer Name and Ticker or Trading Symbol IBERIABANK CORP [IBKC] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
|--|-----------|-------------|--|---|--|--|--|
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction | (eneck an approacte) | | | |
| 200 WEST CO | NGRESS S | TREET | (Month/Day/Year) 02/20/2016 | Director 10% Owner Officer (give title Other (specify below) EVP, DIR OF RETAIL & SMALL BUS | | | |
| (Street) | | | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Check | | | |
| IAEAVETTE | I A 70501 | | Filed(Month/Day/Year) | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| LAFAYETTE, LA 70501 | | | | Person | | | |

(State)

(Zin)

(City)

| (City) | (State) (Z | Table | I - Non-De | erivative S | ecurit | ies Acqui | ired, Disposed of, | or Beneficial | ly Owned |
|---------------------|--------------------------------------|-------------------------------|------------|--------------------------|--------|-------------|---------------------------------|---------------------------|-----------------------|
| 1.Title of | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if | 3. | 4. Secur | | • | 5. Amount of Securities | 6. Ownership | 7. Nature of Indirect |
| Security (Instr. 3) | (Monui/Day/Tear) | any | Code | or(A) or D (Instr. 3, | | ` ′ | Beneficially | Form: | Beneficial |
| | | (Month/Day/Year) | (Instr. 8) | | | | Owned Following | Direct (D) or Indirect | Ownership (Instr. 4) |
| | | | | | (A) | | Reported | (I) | |
| | | | Code V | Amount | or | Price | Transaction(s) (Instr. 3 and 4) | (Instr. 4) | |
| COMMON STOCK | 02/20/2016 | | D | 301 | D | \$ 47.73 | 19,319 | 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 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. 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

KOTTLER ROBERT M 200 WEST CONGRESS STREET LAFAYETTE, LA 70501

EVP, DIR OF RETAIL & SMALL BUS

Signatures

ROBERT M. 02/23/2016 KOTTLER

**Signature of Reporting 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).

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.

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