Edgar Filing: PRICE MICHAEL SCOTT - Form 4

PRICE MICHA Form 4	AEL SCOTT										
February 26, 20	_										
FORM	4 UNITED S	STATES		ΓIES AN ington, I			GE C	OMMISSION	OMB AF OMB Number:	PROVAL 3235-0287	
Check this box if no longer subject to STATEMENT OF CHANGE					ES IN BENEFICIAL OWNERSHIP OF ECURITIES					Expires: January 31, 2005 Estimated average burden hours per response 0.5	
Form 5 obligations may continu <i>See</i> Instructi 1(b).	e. Section 17(a) of the		ity Holdi	ng Comp	any A	Act of	e Act of 1934, 1935 or Sectior 0			
(Print or Type Res	ponses)										
PRICE MICHAEL SCOTT Sy			Symbol	2. Issuer Name and Ticker or Trading Symbol IBERIABANK CORP [IBKC]				5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) 3. Date of Ea (Month/Day, 200 WEST CONGRESS STREET 02/22/201			3. Date of Earliest Transaction (Month/Day/Year) 02/22/2018					(Check all applicable) <u></u> Director <u></u> 10% Owner <u>X_</u> Officer (give title <u></u> Other (specify below) CHIEF ACCOUNTING OFFICER			
			mendment, Date Original Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
LAFAYETTE	, LA 70501							Person	lore than One Re	porting	
(City)	(State) (Zip)	Table I	- Non-De	rivative Se	ecuriti	es Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year) Execu any	eemed tion Date, if th/Day/Year)	Code (Instr. 8)	4. Secur onAcquired Disposed (Instr. 3,	d (A) o d of (D 4 and (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)	Indirect Beneficial	
COMMON STOCK	02/22/2018			A	852 <u>(1)</u>		\$ 0	8,371	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)

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 onof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Dat	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount o Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Share	
STOCK OPTIONS	\$ 82.2	02/22/2018		А	961 (2)	02/22/2019	02/22/2028	COMMON STOCK	96	
PHANTOM STOCK	\$ 0	02/22/2018		А	$1,064$ $\underline{\overset{(4)}{-}}$	<u>(3)</u>	(3)	COMMON STOCK	1,0	

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Reporting Owners

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
PRICE MICHAEL SCOTT 200 WEST CONGRESS STREET LAFAYETTE, LA 70501	,		CHIEF ACCOUNTING OFFICER	
Signatures				
MICHAEL SCOTT	0/06/0010			

PRICE 02/26/2018

**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.
- GRANT OF PHANTOM STOCK, WILL VEST EQUALLY OVER A 5-YEAR PERIOD. THE FIRST VESTING WILL OCCUR 13(3) 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.