Edgar Filing: IAC/INTERACTIVECORP - Form 4

IAC/INTER	ACTIVECORI	Р									
Form 4											
June 03, 201									<u></u>		
FORM	14 UNITE	SECUE	TTIES A	ND FY	സ്ക	NCEC	COMMISSION	OMB APPROVAL			
-	UNITE	DSIALES					INGE C	.011111155101N	OMB Number:	3235-0287	
Check th	is box	Washington, D.C. 20549							دا	January 31,	
if no longer subject to Section 16. Statement of CHA			F CHAN	GES IN I	BENEF	ICIA	LOW	NERSHIP OF	Expires:	2005	
				SECURITIES					Estimated average burden hours per		
Form 4 c									response	0.5	
Form 5 obligatio	no *						•	e Act of 1934,			
may cont				•	•	· ·	•	1935 or Section	n		
See Instr	uction	30(h)	of the In	vestment	Compar	iy Ac	t of 194	-0			
1(b).											
(Print or Type]	Responses)										
1. Name and Address of Reporting Person *		2. Issuer Name and Ticker or Trading				ng	5. Relationship of Reporting Person(s) to Issuer				
Von Furstenberg Alexander			Symbol	Symbol IAC/INTERACTIVECORP [IACI]				155001			
			IAC/IN	TERACT	IVECO	ΧΡ [Ι	ACIJ	(Chec	k all applicable)	
(Last)	(First)	(Middle)		Earliest Tra	ansaction						
			(Month/D 06/01/2	/Day/Year)				X_ Director 10% Owner Officer (give title Other (specify			
	H STREET, 57		00/01/2	014				below)	below)		
Filed			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 Form filed by More than One Reporting 			
NEW YOR	K, NY 10011							Person		porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date 2A. Deemed			3. 4. Securities Acquired				5. Amount of	6. Ownership		
Security (Instr. 3)	(Month/Day/Ye	ar) Executio any	n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)					Securities Beneficially	Form: Direct Indirec (D) or Benefic	Indirect Beneficial	
(Day/Year)	(Instr. 8)	(,		- /	Owned	Indirect (I)	Ownership	
								Following Reported	(Instr. 4)	(Instr. 4)	
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common				0000	mount	(2)	1 1100				
Stock, par	06/01/2014			A <u>(1)</u>	12	А	\$	43,555 <u>(2)</u>	D		
value	00/01/2014				12	А	66.21	ч <i>э,333 <u>(</u></i>	D		
\$0.001 (1)											

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)

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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. 6. Date Exc tionNumber Expiration of (Month/Da) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationsh			
	Director	10% Owner	Officer	Other	
Von Furstenberg Alexander C/O ARROW INVESTMENTS 555 WEST 18TH STREET, 5TH FLOOR NEW YORK, NY 10011	Х				
Signatures					
Tanya M. Stanich as Attorney-in-Fact for A Furstenberg	06/03/2014				
<u>**</u> Signature of Reporting Person	1			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 share units accrued under the Non-Employee Director Deferred Compensation Plan as of the date of this report.
- (2) Includes (i) 40,118 shares of IAC Common Stock held directly by the reporting person and (ii) 3,437 share units accrued under the Non-Employee Director Deferred Compensation Plan as of the date of this report.

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.