

### **INVESTAR HOLDING CORP**

# Reported by LAVERGNE TRAVIS M

#### FORM 4

(Statement of Changes in Beneficial Ownership)

### Filed 03/02/16 for the Period Ending 03/01/16

Address 10500 COURSEY BLVD

THIRD FLOOR

BATON ROUGE, LA, 70816

Telephone 225-227-2222

CIK 0001602658

Symbol ISTR

SIC Code 6022 - State Commercial Banks

Industry Banks

Sector Financials

Fiscal Year 12/31



[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

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### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *				2. ]	2. Issuer Name <b>and</b> Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
 Lavergne Tr	avis M			In	ves	tar Ho	lding C	orp	[ IS	ΓR ]				ilicabic)			
(Last) (First) (Middle)			3. ]	3. Date of Earliest Transaction (MM/DD/YYYY)							Director 10% Owner						
(,		, (											X Officer (g		ow)	Other (speci	fy below)
C/O INVES	ΓAR HO	LDING			3/1/2016							Chief Credit	Officer				
CORPORA			KINS														
ROAD	,																
	(Stre	eet)		4. ]	If Aı	nendme	nt, Date C	Origin	al Fil	ed (MM/	DD/YYY	YY)	6. Individual o	or Joint/G	roup Filing	Check Appl	icable Line)
BATON RO	UGE. LA	70808											Y Form filed b	v One Reno	rting Person		
			in)									X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
(C	ity) (Sta	ate) (Zi	.p)														
			Table I -	Non-Der	ivat	ive Secu	ırities Ac	quir	ed, Di	sposed	of, or	Ber	neficially Owne	ed			
ļ			Trans. Date	Date 2A. Deemed 3. Trans. Code 4. Securities Acquired (A) 5										7. Nature			
				Execution Date, if a								Following Reported Transaction(s) (Instr. 3 and 4)		s)	Ownership of In- Form: Bene	of Indirect Beneficial	
					Duite	, 11 411)		1	(IIIoti.	, , , , , , ,		-	(111511. 5 11111 1)			Direct (D)	Ownership
										(A) (	or					or Indirect (I) (Instr.	(Instr. 4)
							Code	V	Amou	nt (Ď)	Pric	e				4)	
Common Stock (1)	<u> </u>			3/1/2016			A		2101	A	\$0.00	0	:	5210		D	
Common Stock														194		I	401(k) (2)
			•								•						
	Tab	le II - Der	ivative Se	ecurities l	Bene	eficially	Owned (	e.g. ,	puts,	calls,	warran	nts,	options, conve	rtible sec	urities)		
Title of Derivate     Security	2.	3. Trans. Date	3A. Deeme Execution	d 4. Trans. (Instr. 8)	Code	5. Numbe	lumber of ivative Securities		6. Date Exercisable and 7. Title and						10. Ownership	11. Nature	
(Instr. 3)	Conversion or Exercise Price of Derivative Security	Date	Date, if any		Acquired Disposed (Instr. 3, 4		(A) or						e Security Security		Securities Beneficially Owned	Form of	of Indirect Beneficial Ownership (Instr. 4)
											3 and	d 4)					
						(Ilisti. 3,	+ and 3)						Amount or		Following	Direct (D)	(IIIsti. 4)
								Date	isable l	Expiration	Title		Number of		Reported Transaction(s)	or Indirect (I) (Instr.	
				Code	V	(A)	(D)	EXCIC	isauic	Jale			Shares		(Instr. 4)	4)	
Employee Stock Option	\$14.28	3/1/2016		A		8721		3/1/2		3/1/2026	Com		8721	\$0.00	8721	D	

#### **Explanation of Responses:**

- (1) Compensatory restricted stock award subject to a five-year pro-rata vesting.
- (2) Shares are held in a tax-qualified plan and were acquired in a manner that does not otherwise require Form 4 line item reporting.
- (3) One-fifth of the options is exercisable on the date indicated and on each of the next four anniversaries thereof.

#### **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	F-	Other				
Lavergne Travis M								
C/O INVESTAR HOLDING CORPORATION			Chief Credit Officer					
7244 PERKINS ROAD			Ciliei Creuit Officer					
BATON ROUGE, LA 70808								

#### **Signatures**

/s/Travis M. Lavergne 3/2/2016

\*\*Signature of Reporting Person Date

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

- 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.

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.