

# INVESTAR HOLDING CORP Reported by LUKINOVICH DAVID J

## FORM 4

(Statement of Changes in Beneficial Ownership)

## Filed 02/20/15 for the Period Ending 02/18/15

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

Powered By EDGAR Online

http://www.edgar-online.com

© Copyright 2020, EDGAR Online, a division of Donnelley Financial Solutions. All Rights Reserved. Distribution and use of this document restricted under EDGAR Online, a division of Donnelley Financial Solutions, Terms of Use.

FORM 4	
--------	--

[] 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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

## 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 +	6,	5. Relationship of Reporting Person(s) to Issuer					
Lukinovich David J	Investar Holding Corp [ ISTR ]	(Check all applicable) X Director 10% Owner					
(Last) (First) (Middle)	3. Date of Earliest Transaction (MM/DD/YYYY)	Officer (give title below)Other (specify below)					
C/O INVESTAR HOLDING	2/18/2015						
CORPORATION, 7244 PERKINS							
ROAD							
(Street)	4. If Amendment, Date Original Filed (MM/DD/YYYY)	6. Individual or Joint/Group Filing (Check Applicable Line)					
BATON ROUGE, LA 70808 (City) (State) (Zip)		X Form filed by One Reporting Person Form filed by More than One Reporting Person					

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

			Table I		ivative S	cui nico 1	equin	cu, D15	poscu o	1, 01 D	encliciany Owneu				
1. Title of Security (Instr. 3)		2. Tra	ans. Date	2A. Deemed Execution Date, if any	3. Trans. Code (Instr. 8)		4. Securities Acqu or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Form:	7. Nature of Indirect Beneficial	
						Code	v	Amount	(A) or (D)	Price				Direct (D) or Indirect (I) (Instr. 4)	
COMMON STOCK	<u>(1)</u>		2/18	8/2015		Р		454	Α	\$14.33	90	051		D	
COMMON STOCH	κ.										16	652		Ι	Solomon' Portico
COMMON STOCE	ζ.										16	5109		I	By spouse and minor child
	Tab	le II - Der	ivative Sec	urities ]	Beneficial	ly Owned	( e.g.	, puts,	calls, w	arrants	s, options, convert	tible sec	urities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. (Instr. 8)	Acqui Dispo	nber of ative Securities red (A) or sed of (D) 3, 4 and 5)		Date Exerci		Securitie	es Underlying D ve Security S	Derivative lecurity Instr. 5)	9. Number of derivative Securities Beneficially Owned Following	10. Ownership Form of Derivative Security: Direct (D)	Beneficia

Date

(D)

Exercisable Date

Expiration

Title

Shares

Amount or Number of

Reported

(Instr. 4)

Transaction(s)

or Indirect

(I) (Instr.

4)

### **Explanation of Responses:**

(1) Compensatory restricted stock award, vests in 1/2 increments on 12/31/2015 and 12/31/2016.

Code

v

(A)

#### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Lukinovich David J C/O INVESTAR HOLDING CORPORATION 7244 PERKINS ROAD BATON ROUGE, LA 70808	X						

#### Signatures

/s/David J. Lukinovich	2/20/2015

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.