

## **INVESTAR HOLDING CORP**

# Reported by FINNAN RYAN P

## FORM 4

(Statement of Changes in Beneficial Ownership)

## Filed 02/19/16 for the Period Ending 02/17/16

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

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

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1. Name and Address of Reporting Person *					2. 1	2. Issuer Name <b>and</b> Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Finnan Ryan P					In	vest	ar H	olding C	Corp	) [ IS	ΓR ]							
(Last) (First) (Middle)				3. 1	3. Date of Earliest Transaction (MM/DD/YYYY)								Director10% Owner					
						2/17/2017								XOfficer (give title below)Other (specify below)  EVP, Banking President				
C/O INVESTAR HOLDING						2/17/2016								<b>9</b>				
CORPORATION, 7244 PERKINS RD. (Street)					4 1	4. If Amendment, Date Original Filed (MM/DD/YYYY)							Y) 6. Individual of	or Ioint/G	roun Filing	(Check Appl	icable Line)	
	`	Í			7. 1	11 / 111	iciidiii	int, Date C	)11 <u>5</u> 1	1141 1 110	a (MM/D	D/111	o. marviduar	or 30mi/ O	Toup I ming	(Спеск Аррі	icabic Line)	
BATON ROUGE, LA 70808 (City) (State) (Zip)														X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
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1.Title of Security			1 abie					3. Trans. Co	•	<del></del>	-		5. Amount of Securi		ially Owned	6.	7. Nature	
(Instr. 3)				ate 2A. Deemed Execution Date, if any		(Instr. 8)	ide	4. Securities Acquir or Disposed of (D) (Instr. 3, 4 and 5)			Following Reported (Instr. 3 and 4)			Ownership Form:	of Indirect Beneficial			
							Code	v	Amoun	(A) or (D)	Price				Ownership (Instr. 4)			
Common Stock 2/17/2016				16			P		50	A	\$14.73		8880					
Common Stock												364			I	401(k)		
	Tab	le II - Der	ivative	Securi	ties l	Bene	ficially	Owned (	e.g.	, puts,	calls, w	arran	ts, options, conve	ertible sec	curities)			
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date	Execution	A. Deemed Execution Date, if any		Code	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date			e and Amount of ties Underlying tive Security 3 and 4)	8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficially Owned	Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Security			(	Code	V	(A)	(D)	Dat Exe	e ercisable	Expiration Date		Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)		
Explanation of	Responses	:																
Reporting Own	ers																	
1		·			_	_		Relation	chin									

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Finnan Ryan P C/O INVESTAR HOLDING CORPORATION 7244 PERKINS RD. BATON ROUGE, LA 70808			EVP, Banking President				

#### **Signatures**

/s/Ryan P. Finnan	2/19/2016				
** 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). \*\*

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.