

## **INVESTAR HOLDING CORP**

# Reported by **HUFFT CHRISTOPHER L**

#### FORM 5

(Annual Statement of Changes in Beneficial Ownership)

#### Filed 01/21/20 for the Period Ending 12/31/19

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

# FORM 5

[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).
[] Form 3 Holdings Reported
[] Form 4 Transactions
Reported

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

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## ANNUAL 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. 1	2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
<b>Hufft Christ</b>	opher L			In	vestar H	olding Co	orp [IS]	[R]						
*				3. Statement for Issuer's Fiscal Year Ended					Director					
			(MN	(MM/DD/YYYY)						X_ Officer (give title below) Other (specify below)  Chief Financial Officer				
C/O INVESTAR HOLDING					12/31/2019					Chief Financia	il Officer			
CORPORA	ΓΙΟΝ, 10	500 CO	URSE	Y										
BOULEVA	RD													
	(Stree	t)		4. ]	If Amendme	ent, Date Or	riginal Fil	ed(MM/DD	/YYYY	6. Individual or	Joint/Gro	oup Filing(	Check Appl	icable Line)
BATON ROUGE, LA 70816										X Form Filed by	X Form Filed by One Reporting Person			
(City) (State) (Zip)									Form Filed by More than One Reporting Person					
`				ı										
		,	Table I -	Non-Der	ivative Sec	urities Acq	uired, Di	sposed of	f, or B	eneficially Owned	i			
		2.	Trans. Date	2A. Deemed	3. Trans. Coo		urities Acqu			5. Amount of Securities Beneficially Owned				
(Instr. 3)					Execution Date, if any	(Instr. 8)				Following Reported Transaction(s) (Instr. 3 and 4)				Beneficial
								1			Direct (D) or Indirect	Ownership		
								(A) or					(I)	(111301.4)
COMMON STOCE	7			1/31/2019		L	Amou 29		Price <b>\$24.14</b>	1	5553		(Instr. 4)	
			4/30/2019		L	32	A	\$23.13		5585		D		
COMMON STOCK				7/31/2019			32	A	\$23.13	25617		D		
			0/31/2019		L	35	A	\$24.85	25652		D			
COMMON STOCK									2	446		I	401(k)	
			•			•		•						
Table	II - Derivat	ive Securi	ities Acq	uired, Di	sposed of, o	r Beneficia	ally Own	ed ( <i>e.g.</i> , p	uts, c	alls, warrants, opt	tions, con	vertible se	ecurities)	
1. Title of Derivate 2. Conversion 3. Trans. 3A. Deemed						Date Exercisable and 7. Title a					10.	11. Nature		
Security (Instr. 3)	or Exercise Price of Derivative Security	Date	Execution Date, if an	Code y (Instr. 8)			Expiration Date (MM/DD/YYYY)			ities Underlying ative Security	Derivative of Security (Instr. 5) Securities Beneficially		Ownership Form of	of Indirect Beneficial
								(Instr		3 and 4)		Derivative Security:	Ownership (Instr. 4)	
	Security				(IIIsti. 3	, <del>-</del> and 3)					Owned at End of Issuer's Fiscal Ye	Owned at	Direct (D)	(111511.4)
						(D)	Date	Expiration	Title	Amount or Number of			or Indirect (I)	
					(4)		Exercisabl	Date		Shares		Fiscal Year		
					(A)	(D)	1					(Instr. 4)		

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

**Reporting Owners** 

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Hufft Christopher L C/O INVESTAR HOLDING CORPORATION 10500 COURSEY BOULEVARD BATON ROUGE, LA 70816			Chief Financial Officer				

#### **Signatures**

/s/Christopher L. Hufft

\*\*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.