

### **INVESTAR HOLDING CORP**

# Reported by WALKER FRANK L.

#### FORM 4

(Statement of Changes in Beneficial Ownership)

### Filed 01/24/20 for the Period Ending 01/22/20

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

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)				
Walker Frai	ık L.				In	vest	ar Ho	lding C	orp	[ IS]	Γ <b>R</b> ]			,				
(Last) (First) (Middle)				3. 1	3. Date of Earliest Transaction (MM/DD/YYYY)								X_ Director10% Owner					
						1,000,000								r (give title belo	w)Otl	ner (specify	below)	
C/O INVEST								1/2	2/2(	020								
CORPORAT BLVD.	IION, 10	500 CO	URSI	EY														
(Street)				4. 1	4. If Amendment, Date Original Filed (MM/DD/YYYY)								6. Individual or Joint/Group Filing (Check Applicable Line)					
BATON ROUGE, LA 70816														X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)											Tomi inc	To this free by wrote than one reporting reason						
			Table	I - No	n-Der	ivati	ive Secu	ırities Ac	quir	ed, Di	posed o	f, or	Beneficially O	wned				
1.Title of Security (Instr. 3) 2. Trans.			. Date	2A. Deemed Execution Date, if any		3. Trans. Co (Instr. 8)	ode	4. Securities Acquor Disposed of (Disposed of (Instr. 3, 4 and 5)			5. Amount of Se Following Repor (Instr. 3 and 4)	Amount of Securities Beneficially Owned ollowing Reported Transaction(s) sstr. 3 and 4)		Ownership Form:	7. Nature of Indirect Beneficial Ownership			
								Code	V	Amour	(A) or (D)	Pric	e			or Indirect (I) (Instr. 4)		
COMMON STOCK 1/22/20				020			A <sup>(1)</sup>		624	A	\$0		29502					
COMMON STOCK													855			Held through employer's 401(k)		
	Tab	ole II - De	rivative	Secu	rities	Bene	eficially	Owned (	(e.g.,	puts,	calls, wa	rran	ts, options, coi	overtible sec	curities)			
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Dee Execution Date, if	on (I	Trans. nstr. 8)	ns. Code 5. Numb Berivativ Acquired Disposed (Instr. 3,		e Securities (A) or of (D)		1			e and Amount of ities Underlying ative Security 3 and 4)	Underlying Security Security (Instr. 5)		Ownership Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Security			Code	Code	v	(A)	(D)	Date Exer	e rcisable	Expiration Date	Title	Amount or Numbe Shares	r of	Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)		

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

(1) Grant of restricted stock units that convert into common stock on a one-for-one basis. Vesting occurs in equal increments on 1/1/2021 and 1/1/2022.

#### **Reporting Owners**

reporting owners									
Paparting Owner Name / Address	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Walker Frank L. C/O INVESTAR HOLDING CORPORATION	X								
10500 COURSEY BLVD. BATON ROUGE, LA 70816	Λ								

#### Signatures

/s/Frank L. Walker 1/24/2020

\*\*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

