Edgar Filing: Integrated Electrical Services, Inc. - Form 4

Integrated Electrical Services, Inc. Form 4 January 04, 2016

January 04, 2	010												
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL				
Washington, D.C. 20549									OMB Number:	3235-	0287		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Statement of Changes in Beneficial ownership of SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940								Estimated average burden hours per response 0.5		y 31, 2005 0.5			
(Print or Type R	esponses)												
Luke Donald L Symbol				ntegrated Electrical Services, Inc.					5. Relationship of Reporting Person(s) to Issuer				
									(Check all applicable)				
				nte of Earliest Transaction nth/Day/Year) 01/2016					_X_ Director10% Owner Officer (give titleOther (specify below) below)				
				nendment, Date Original onth/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 				
SCOTTSDA	LE, AZ 8525	5							Form filed by M Person	More than One Re	porting		
(City)	(State)	(State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1.Title of Security (Instr. 3)		2. Transaction Date 2A. Deemed Month/Day/Year) Execution Date, if any (Month/Day/Year)			3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature Indirect Beneficia Ownersh (Instr. 4)	al ip	
Common Stock (1)	01/01/2016			А		479	А	\$0	69,556	D			

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

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. oriNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	(Month/Day/Year) rivative curities quired) or sposed (D)		Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Luke Donald L 16224 NORTH 112TH WAY SCOTTSDALE, AZ 85255	Х						
Signatures							
/s/Gail D. Makode, Attorney-in-Fact		01/04/2016	5				
**Signature of Reporting Person		Date					

Explanation of Responses:

* 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).

Represents Phantom Stock Units granted pursuant to the Integrated Electrical Services, Inc. 2006 Equity Incentive Plan (as amended and
 (1) restated) upon the reporting person electing to receive PSUs in lieu of cash or common stock for that portion of his retainer. Each unit converts to one share of Integrated Electrical Services, Inc. common stock when Mr. Luke leaves the board of directors for any reason.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.