IBERIABANK CORP

Form 4

August 13, 2008

FORM 4

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

OMB Number:

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OMB APPROVAL

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if no longer subject to Section 16. Form 4 or Form 5

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * BECKER GEORGE J III | | ng Person * | 2. Issuer Name and Ticker or Trading Symbol IBERIABANK CORP [IBKC] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | |
|---|---|-------------|--|--|--|--|
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction | (Check all applicable) | | |
| 200 WEST CC | (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) ONGRESS STREET 08/13/2008 | | | Director 10% OwnerX Officer (give title Other (specify below) EXECUTIVE VICE PRESIDENT | | |
| | (Street) | | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Check | | |
| LAFAYETTE, LA 70501 | | | Filed(Month/Day/Year) | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | |

| | (City) | (State) (Z | Table | I - Non-De | rivative Se | ecuriti | es Acqui | red, Disposed of, | or Beneficiall | ly Owned |
|-----|---------------------|---|---|--|---|---------|-------------|--|--|---|
| Sec | tle of urity tr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transactic Code (Instr. 8) | 4. Securit or(A) or Dis (Instr. 3, 4) | sposed | of (D) | 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 of Indirect Beneficial Ownership (Instr. 4) |
| | MMON OCK | 08/13/2008 | | M | 10,000 | A | \$ 11 | 40,622 | D | |
| | MMON OCK | 08/13/2008 | | S | 10,000 | D | \$ 53.58 | 30,622 | D | |
| | MMON OCK | | | | | | | 3,090 | I | BY 401(K) |

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

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number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

4.

| Derivative Security | Conversion or Exercise | (Month/Day/Year) | Execution Date, if any | Transact Code | | vative rities | Expiration Date (Month/Day/Year) | | Underlying Securities (Instr. 3 and 4) | |
|------------------------|------------------------------------|------------------|------------------------|--------------------|-------------|-------------------------------|-------------------------------------|--------------------|--|------------------------------|
| (Instr. 3) | Price of Derivative Security | | (Month/Day/Year) | (Instr. 8) Code V | or D (D) | uired (A) isposed of r. 3, 4, | | | | |
| | | | | | V (A) | (D) | Date Exercisable | Expiration Date | Title | Amou or Numb of Sha |
| STOCK OPTIONS | \$ 11 | 08/13/2008 | | M | | 10,000 | 12/31/2000 | 12/31/2009 | COMMON STOCK | 10,0 |

Reporting Owners

Reporting Owner Name / Address Relationships

3. Transaction Date 3A. Deemed

Director 10% Owner Officer Other

BECKER GEORGE J III 200 WEST CONGRESS STREET LAFAYETTE, LA 70501

EXECUTIVE VICE PRESIDENT

5. Number of 6. Date Exercisable and

7. Title and Amount of

Signatures

1. Title of

GEORGE J. 08/13/2008 BECKER III

**Signature of Reporting Date
Person

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).

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.

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