FORM 4

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b)

1. Name and Address of Reporting Person* $\underline{Luke\ Donald\ L}$						2. Issuer Name and Ticker or Trading Symbol INTEGRATED ELECTRICAL SERVICES INC [IESC]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) (Middle) 16224 NORTH 112TH WAY					3. Da	3. Date of Earliest Transaction (Month/Day/Year) 08/07/2014									Officer below)	(give title Dir	ector	Other (specify below)	
(Street) SCOTTSDALE AZ 85255 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)									Line	Individual or Joint/Group Filing (Check Applicable lee) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					action	ction 2A. Deeme			3. Transa Code (ction	4. Securi	f, or Benefic ies Acquired (A) o Of (D) (Instr. 3, 4		(A) or	5. Amour Securitie Beneficia Owned F Reported	nt of s ally following	Form (D) o	: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock ⁽¹⁾⁽²⁾ 08/07					7/2014	2014		Code	v	Amount 1,559	(D)		Price \$5.2	Transact (Instr. 3 a	ction(s)		D	(instr. 4)	
		Т	able II -								sed of, onvertil				Owned			·	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	n Date,	4. Transaction Code (Instr. 8)		n of		6. Date E: Expiratio (Month/D	n Date		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	N C	Amount or Number of Shares					
Subscription Rights (right	\$5.2	08/07/2014			х			7,270	07/07/20	14 (07/29/2014	Comm		1,559	\$0	0		D	

Explanation of Responses:

- $1. \ Common \ stock \ is sued \ upon \ exercise \ of \ subscription \ rights. \ See \ footnote \ 2 \ below.$
- 2. Integrated Electrical Services, Inc. (the "Company") issued pro rata, at no charge, to the holders of shares of its common stock, as of 5:00 p.m., Eastern Time, on July 7, 2014, the record date for the rights offering, one non-transferable subscription right for each share of common stock owned on the record date. Each subscription right entitled the holder thereof to purchase 0.214578135 shares of the Company's common stock at a subscription price of \$5.20 per share. While the rights offering expired as of 5:00 p.m., Eastern Time, on July 29, 2014 (the "expiration time"), share allocations were not finalized until August 7, 2014, in light of compliance with guaranteed delivery procedures, allocations related to over-subscriptions and reductions contemplated by the terms of the rights offering. Subscription rights that were not exercised prior to the expiration time, expired and were no longer exercisable as of such time

Donald L. Luke

08/11/2014

** 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 Number.