## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPROVAL             |           |  |  |  |  |
|--------------------------|-----------|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |
| Estimated average burden |           |  |  |  |  |
| hours per response:      | 0.5       |  |  |  |  |

7

| Estimated average burden |                     |  |  |  |  |  |  |  |
|--------------------------|---------------------|--|--|--|--|--|--|--|
|                          | hours per response: |  |  |  |  |  |  |  |
| 1                        |                     |  |  |  |  |  |  |  |
|                          |                     |  |  |  |  |  |  |  |

| 1. Name and Address of Reporting Person <sup>°</sup>                             |                     |                                   |                             | IES Holdings, Inc. [IESC]                                      |                    |          |       |               |   | (Check all applicable)  |   |                 |            |
|--|---------------------|-----------------------------------|-----------------------------|--|--------------------|----------|-------|---------------|---|---|---|-----------------|------------|
| Luke Donald  | <u>L</u>            |                                   |                             |  |                    |          | - 1   |               |   | X   | Director  | 10% 0           | Owner      |
| (Last)<br>16224 NORTH 1  | (First)<br>12TH WAY | (Middle)                          |                             | 3. Date of Earliest Transaction (Month/Day/Year)<br>07/01/2016 |                    |          |       |               |   | Officer (give title below)  | Other<br>below  | (specify<br>)   |            |
| ,  |                     |                                   | [                           | 4. If Am   | endment, Date of 0 | Driginal | Filed | (Month/Day/Ye | ear)  |   | vidual or Joint/Group   | Filing (Check A | Applicable |
| (Street)   |                     |                                   | I                           |  |                    |          |       |               |   | Line)   | Form filed by Op  | o Doporting Dor |            |
| SCOTTSDALE   | AZ                  | 85255                             | I                           |  |                    |          |       |               |   |   | Form filed by One   |                 |            |
|  |                     |                                   |                             |  |                    |          |       |               |   |   | Form filed by Mo<br>Person  | re than One Rep | oorting    |
| (City)   | (State)             | (Zip)                             |                             |  |                    |          |       |               |   |   |   |                 |            |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |                     |                                   |                             |  |                    |          |       |               |   |   |   |                 |            |
|  |                     | 2. Transact<br>Date<br>(Month/Day | Execution Date, Transaction |  | Instr.             | 5)       |       |               | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following<br>Reported<br>Transaction(s) | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                 |            |
|  |                     |                                   |                             |  |                    |          | ľ     |               | (D)   | 1.1106  | (Instr. 3 and 4)  |                 |            |

## Common Stock<sup>(1)</sup> 07/01/2016 70,345 A 427 A \$<mark>0</mark> D Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 8. Price of Derivative 1. Title of 3. Transaction 3A. Deemed 5. Number 6. Date Exercisable and 7. Title and 9. Number of 10. 11. Nature Expiration Date (Month/Day/Year) Derivative Security Conversion Execution Date, Transaction Amount of derivative Ownership of Indirect Date (Month/Day/Year) Derivative or Exercise if anv Code (Instr. Securities Security Securities Form: Beneficial (Instr. 3) Price of (Month/Day/Year) 8) Securities Underlying (Instr. 5) Beneficially Direct (D) Ownership (Instr. 4) Owned or Indirect (I) (Instr. 4) Derivative Acquired Derivative (A) or Disposed Following Reported Security Security (Instr. 3 and 4) of (D) (Instr. 3, 4 and 5) Transaction(s) (Instr. 4) Amount o Number Date Expiration of

Explanation of Responses:

1. Represents Phantom Stock Units granted pursuant to the IES Holdings, Inc. (formerly known as Integrated Electrical Services, Inc.) 2006 Equity Incentive Plan (as amended and 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 IES Holdings, Inc. common stock when Mr. Luke leaves the board of directors for any reason.

Exercisable

Date

Title

Shares

| /s/ Gail D. Makode | , Attorney- | 05/05/0046 |
|--------------------|-------------|------------|
| in-Fact            | , <u>,</u>  | 07/05/2016 |

\*\* 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).

Code V

(A) (D)

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.