FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL |
|---|-------------------------|-----------|
| | OMB Number: | 3235-0287 |
| l | Estimated average burde | en |
| l | hours per response: | 0.5 |

| | Check this box if no longer subject to | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| ١ | Section 16. Form 4 or Form 5 obligations may continue. See | | | | | | | | |
| J | obligations may continue. See | | | | | | | | |
| | Instruction 1(h) | | | | | | | | |

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 an <u>Koshki</u> | | 2. Issuer Name and Ticker or Trading Symbol IES Holdings, Inc. [IESC] | | | | | | | | (Ch | Relationshi eck all ap X Dire | , | | | | | | | |
|---|--|--|--|-------|-----------------|---|------|---------|-------------------------------------|--------|-------------------------------------|---|--------------------------------|----------------|--|---|---|---|--|
| (Last) (First) (Middle) 5433 WESTHEIMER, SUITE 500 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/02/2017 | | | | | | | | | Offic belo | er (give title w) | Other (specify below) | | specify |
| (Street) HOUSTON TX 77056 (City) (State) (Zip) | | | | | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | e) <mark>X</mark> Forr Forr | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa: Date (Month/D | | | | | Execution Date, | | | n Date, | Code (Instr. 5) | | | | | Secur Benef | icially d Following | 6. Ownersh Form: Direc (D) or Indir (I) (Instr. 4) | t c | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A (D |) or)) | Price | Trans | action(s) 3 and 4) | | | (Instr. 4) |
| Common Stock ⁽¹⁾ 10/02/ | | | | | | | 2017 | | A | | 343 A | | \$0.0 | 0 3 | 34,535 | | | | |
| | 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) | 3A. Deemed Execution Dat if any (Month/Day/Ye | Date, | Code (Inst | | | | 6. Date E: Expiratio (Month/D | n Date | • | d 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | tr. 3 | B. Price of Derivative Security Instr. 5) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | hip (| 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisal | | Expiration Date | Title | Amo or Num of Shar | ber | | | | | |

Explanation of Responses:

1. Represents Phantom Stock Units granted pursuant to the IES Holdings, Inc. ("IES") 2006 Equity Incentive Plan (as amended and restated through February 2016) upon Mr. Koshkin 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 common stock when Mr. Koshkin leaves the board of directors for any reason.

Remarks:

/s/ Gail D. Makode, Attorney-

in-Fact

** Signature of Reporting Person

Date

10/03/2017

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.