| SEC Form 4 | |
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FORM 4

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

| Check this box if no longer subject to |
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| 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 APPRC | VAL | | | | | |
|--------------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
| Estimated average burden | | | | | | |
| hours per response: | 0.5 | | | | | |

| 1. Name and Address of Reporting Person [*] Koshkin Joe D | | | 2. Issuer Name and Ticker or Trading Symbol IES Holdings, Inc. [IESC] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
|--|----------------|----------|---|---|------------------------------------|-----------------------|--|
| | | | | X | Director | 10% Owner | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 07/02/2018 | 1 | Officer (give title below) | Other (specify below) | |
| 5433 WESTHE | EIMER, SUITE 5 | 500 | | | | | |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | idual or Joint/Group Fili | ng (Check Applicable | |
| HOUSTON | ТХ | 77056 | | X | Form filed by One Reporting Person | | |
| · | | | | | Form filed by More the Person | an One Reporting | |
| (City) | (State) | (Zip) | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | ction | | | | Securities Beneficially | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------------------------------|-------|--------|---------------|-------------------|------------------------------------|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (iiisti: 4) |
| Common Stock ⁽¹⁾ | 07/02/2018 | | A | | 354 | Α | \$ <mark>0</mark> | 35,624 | D | |

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

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.

Date

Exercisable

Expiration

Date

| <u>/s/Gail D. Makode, Attorney-</u> in-Fact | <u>07/05/2018</u> | |
|--|-------------------|--|
| ** Signature of Reporting Person | Date | |

Amount o Number

Shares

of

Title

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.

Code ν

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.

(A) (D)