## Edgar Filing: IBERIABANK CORP - Form 4

IBERIABAN	K CORP										
Form 4											
May 19, 2006 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington D.C. 20540								OMB APPROVAL OMB 3235-0287			
Washington, D.C. 20549Check this box if no longer subject to Section 16.STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP O SECURITIESForm 4 or Form 5 obligations may continue. See Instruction 1(b).Statement of the Securities Exchange Act of 193- 30(h) of the Investment Company Act of 1940						Act of 1934, 1935 or Section	Expires: January 31, Expires: 2005 Estimated average burden hours per response 0.5				
(Print or Type Re	sponses)										
1. Name and Address of Reporting Person <u>*</u> Zanco Joseph B			2. Issuer Name <b>and</b> Ticker or Trading Symbol IBERIABANK CORP [IBKC]				>	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (1	Middle)	3. Date of Earliest Transaction (Check					k all applicable)			
200 WEST CONGRESS STREET			(Month/Day/Year) 05/17/2006					Director 10% Owner X Officer (give title Other (specify below) CONTROLLER			
				iled(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
LAFAYETTE	E, LA 70501						:	Form filed by Me Person	ore than One Re	porting	
(City)	(State)	(Zip)	Table	I - Non-De	erivative Se	ecurit	ies Acqu	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	r) Execut any	eemed tion Date, if h/Day/Year)	Code	4. Securit or(A) or Di (Instr. 3,	spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
COMMON STOCK	05/17/2006			Code V A	Amount 750 (1)	(D)	Price \$ 59.56	(Instr. 3 and 4) 3,753	D		
COMMON STOCK							0,100	312	I	BY 401K PLAN	

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

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 control number.

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 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 Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
STOCK OPTION	\$ 59.56	05/17/2006		А	1,500 (2)	05/17/2007	05/17/2016	COMMON STOCK	1,500

## **Reporting Owners**

Reporting Owner Name / Address		Relationships						
For g = 0.0000 - 0.0000 - 0.0000	Director	10% Owner	Officer	Other				
Zanco Joseph B 200 WEST CONGRESS S LAFAYETTE, LA 70501	TREET			CONTROLLER				
Signatures								
JOSEPH B. ZANCO	05/19/200	06						
<u>**</u> Signature of	Date							

## **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).
- (1) GRANTS OF RESTRICTED STOCK AWARDED VIA ISSUER'S 2005 STOCK INCENTIVE PLAN, WILL VEST EQUALLY OVER A 7-YEAR PERIOD COMMENCING WITH THE FIRST ANNIVERSARY OF THE DATE OF THE GRANT.
- (2) STOCK OPTIONS, AWARDED VIA ISSUER'S 2005 STOCK INCENTIVE PLAN, WILL VEST OVER A 7-YEAR PERIOD COMMENCING ON THE FIRST ANNIVERSARY OF THE DATE OF GRANT AT ONE SEVENTH PER YEAR.

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.

Reporting Person