Information Services Group Inc.

Form 4

January 03, 2014

# FORM 4

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

OMB Number: 3235-0287

Estimated average

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005

**OMB APPROVAL** 

Form 4 or Form 5 obligations may continue.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

burden hours per response... 0.5

1(b).

(Print or Type Responses)

See Instruction

1. Name and Address of Reporting Person * CONNORS MICHAEL P			2. Issuer Name <b>and</b> Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer			
			Information Services Group Inc. [III]					(Check all applicable)			
(Last)	(First) (I	Middle)	3. Date of	Earliest Tr	ansaction			(	F F	,	
			(Month/D	•				_X_ Director		Owner	
	MFORD PLAZA BOULEVARD	, 281	01/02/20	014				X Officer (give below)	below) rman and CEO	er (specify	
	(Street)			ndment, Da th/Day/Year)	Ü			6. Individual or Jo Applicable Line) _X_ Form filed by (	One Reporting Pe	rson	
STAMFOR	RD, CT 06901							Person	More than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative Se	curitie	s Acqı	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any		3. Transaction Code (Instr. 8)	4. Securitie on(A) or Disp (Instr. 3, 4;	osed of and 5)		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Shares of Common Stock	01/02/2014			A(1)	195,122	A	\$ 0 (1)	3,493,372	D		

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.

SEC 1474

(9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

#### Edgar Filing: Information Services Group Inc. - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)			ate	7. Title Amoun Under	int of lying ities	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene
	Derivative Security				Securities Acquired			(Instr.	3 and 4)		Owne Follo
					(A) or Disposed						Repo Trans
					of (D) (Instr. 3, 4, and 5)						(Instr
					4, and 3)				Amount		
						Date Exercisable	Expiration Date	Title	or Number of		
				Code V	(A) (D)				Shares		

### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
CONNORS MICHAEL P TWO STAMFORD PLAZA 281 TRESSER BOULEVARD STAMFORD, CT 06901	X		Chairman and CEO				

## **Signatures**

/s/ David E. Berger, as Attorney-in-Fact 01/03/2014

\*\*Signature of Reporting Person 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).

Represents restricted stock units granted to the reporting person pursuant to the Information Services Group, Inc. Amended and Restated 2007 Equity Incentive Plan, which will vest in four equal annual installments on each of the first four anniversaries of the grant date;

(1) provided that if closing price of the Issuer's Common Stock as listed on the NASDAQ Global Market (or such other stock exchange on which the Issuer's Common Stock is then traded) equals or exceeds \$7.00 for three (3) consecutive trading days, the remaining unvested restricted stock units shall vest in full upon the occurrence of such event.

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.

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