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

Information Form 4 July 05, 201	Services Group Inc 7	2.							
FORM								OMB AF	PROVAL
	UNITED S.	FATES SECUI Wa	RITIES AN shington, I			IGE C	OMMISSION	OMB Number:	3235-0287
Check this box if no longer subject to Section 16. Form 4 or						NERSHIP OF	Expires: January 31 200 Estimated average burden hours per response 0		
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations May continue. See Instruction 1(b). Continue. See Instruction Continue. Continue									
(Print or Type I	Responses)								
1. Name and A CONNORS	r Name and Ticker or Trading tion Services Group Inc. [III]				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (Mie	ddle) 3. Date o	f Earliest Trai	nsaction			(Cnec.	k all applicable	:)
(Month/D TWO STAMFORD PLAZA, 281 07/01/20 TRESSER BOULEVARD			th/Day/Year) 1/2017			_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below) Chairman & CEO			
			endment, Date Original onth/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>			
STAMFORD, CT 06901Form filed by More than One Reporting Person									
(City)	(State) (Z	<sup>Cip)</sup> Tab	le I - Non-De	rivative S	ecurit	ies Acq	uired, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)			Transaction	4. Securiti (A) or Dis (Instr. 3, 4	posed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	
Shares of Common Stock	07/01/2017			Amount 19,234	(D) D	Price \$ 4.11	(Instr. 3 and 4) 4,418,162	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.

 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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
CONNORS MICHAEL P TWO STAMFORD PLAZA 281 TRESSER BOULEVARD STAMFORD, CT 06901	Х		Chairman & CEO				
Signatures							
David E. Berger, as attorney-in-fact		07/05/2017					
**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).
- (1) Represents deemed disposition of shares of common stock to the Issuer as a result of withholding of shares of common stock to satisfy tax withholding obligations in connection with vesting of restricted stock units issued in accordance with Rule 16b-3.

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.