Check

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.	C. 20549
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Check this box if no longer subject
to Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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 and Address of Reporting Person* McLauchlin Tracy						IES Holdings, Inc. [IESC]									k all app Direc	licable) tor	ng Person(s) to iss 10% Ow Other (s		wner
(Last) 5433 WE	(Fir	st) (t R ROAD, SUIT	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 12/07/2020									X	Officer (give title below) Other below SVP, CFO & Treasurer				specify
(Street) HOUSTON TX 77056				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									Form	or Joint/Group Filing (Check Applicable m filed by One Reporting Person m filed by More than One Reporting son				
(City)	(St		Zip) 	n-Deriva	tive S	Secu	rities	Aca	uired.	. Dis	posed of	or E	Benef	icially	/ Own	ed			
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3,			a) or 5. An 4 and Secu Bene Own		unt of ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	v	Amount	(A) (D)	or Pri	ce		action(s) 3 and 4)			(501 4)			
Common	Stock ⁽¹⁾			12/07/2	2020				A		11,979	A		\$ <mark>0</mark>	65	65,745 D			
Common	Stock ⁽²⁾			12/07/2	2020				D		4,713	D	\$4	11.92	61	61,032 D			
		Tal	ble II -						,		osed of, convertib			•	Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, //Day/Year)	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/Y		ate	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ow For Dire or I (I) (10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amou or Numb of Share	er					

Explanation of Responses:

1. On February 6, 2019, Ms. McLauchlin was granted 41,667 performance units (the "Performance Units") pursuant to the IES Holdings, Inc. 2006 Equity Incentive Plan, as amended and restated (the "2006 Equity Incentive Plan"). Each Performance Unit represents a contractual right in respect of one share of the Issuer's common stock. The Performance Units vest, if at all, in three tranches upon the achievement of certain specified annual financial performance objectives and the continued performance of services through the applicable scheduled vesting date. On December 7, 2020, upon the filing of the Company's Annual Report on Form 10-K for its fiscal year ended September 30, 2020, the performance and service criteria for the second tranche of Performance Units was determined to have been fully met, resulting investing of 11,979 Performance Units under this award.

2. Represents shares withheld to satisfy withholding tax liability resulting from the vesting of Performance Units delivered pursuant to the 2006 Equity Incentive Plan.

Remarks:

/s/ Tracy A. McLauchlin

12/08/2020

** Signature of Reporting Person Date

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.