FORM 4

Check this box if no longer subje to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ct	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	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

Name and Address of Reporting Person* Cleveland Todd M				2. Issuer Name and Ticker or Trading Symbol IES Holdings, Inc. [IESC]								(Ch	eck all app	ationship of Reporti (all applicable) Director		son(s) to Is				
(Last)	(Fir	st) (N	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 04/03/2023									Office below	er (give title v)		Other (s below)	pecify	
107 W. FRANKLIN ST.					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applica Line)							
(Street)																filed by On		Ü		
ELKHAI	RT IN	4	6515													Form filed by More than One Reporting Person				
(City)	(St	(State) (Zip)					Rule 10b5-1(c) Transaction Indication													
Check this box to indicate that a transaction was made pursuant to a contract, instruction satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									uction or writ	ten plar	n that is inter	ided to								
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				ay/Year) Exec		Deemed ecution Date, ny onth/Day/Year)		Transaction Disposed Code (Instr. 5)		ties Acquired (A) I Of (D) (Instr. 3, 4		(A) or 3, 4 ar	Benefic Owned	ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)		Price		ed ction(s) 3 and 4)			Instr. 4)	
Common	Stock ⁽¹⁾			04/03/	2023		A		485	1	A	\$ <mark>0</mark>	0 157,937			D				
	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 Execution Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)		on Date,	4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		J nstr.	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	or	ount nber ires						

Explanation of Responses:

1. Represents Phantom Stock Units ("PSUs") granted pursuant to the IES Holdings, Inc. ("IES") 2006 Equity Incentive Plan, as amended and restated (the "2006 Equity Incentive Plan") upon Mr. Cleveland electing to receive PSUs in lieu of common stock or cash for that portion of his retainer. Each unit converts to one share of IES common stock when either (i) Mr. Cleveland leaves the board of directors for any reason, or (ii) upon a change of control as defined in the 2006 Equity Incentive Plan.

Remarks:

/s/ Mary K. Newman, Attorney-in-Fact

04/04/2023

** 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.