

INTEGRATED ELECTRICAL SERVICES INC
 Form 4
 October 03, 2005

FORM 4

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

OMB APPROVAL

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person *
 SNYDER C BYRON

2. Issuer Name and Ticker or Trading Symbol
 INTEGRATED ELECTRICAL SERVICES INC [IES]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
 1800 WEST LOOP SOUTH, SUITE 500
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)
 09/30/2005

Director 10% Owner
 Officer (give title below) Other (specify below)

HOUSTON, TX 77027

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|--|---|
| | | | Code | V Amount (D) Price | | | |
| Common Stock ⁽¹⁾ | 10/03/2005 | | A | 1,500 A \$ 2.8 | 11,692 | D | |
| Common Stock | | | | | 699 | I | 1998 Snyder Family Partnership Management Trust |
| Common Stock | | | | | 9,599 | I | Worth Byron Snyder Trust |
| Common | | | | | 9,582 | I | Gregg Layton |

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