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Check this box if no longer subject to Section 16. Check this box							OMB Number: Expires: Estimated a burden hour response			
(Print or Type	Responses)									
1. Name and A Kalamaras	Address of Reporting Person <u>*</u> Paul	Symbol					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (Middle)		3. Date of Earliest Transaction (Che				k all applicable)			
101 JFK P	ARKWAY	(Month/Day/Year) 11/06/2012					Director 10% Owner X Officer (give title Other (specify below) Exec VP			
(Street) 4. If Amendment, Date (
Filed(Month/Day/Year) Applicable Line) _X_Form filed by One										
(City)	(State) (Zip)	Table I - Non-	Derivative S	ecurit	ies Acqu	ired, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	any		oror Disposed (Instr. 3, 4	d of (Ê))	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)		
Common Stock	11/06/2012	Р	96.5291	А	\$ 18.05	170,865	D			
Common Stock	11/18/2013	S	4,439	D	\$ 23.62	166,426	D			
Common Stock	01/23/2014	S	3,036	D	\$ 25.48	163,390	D			
Common Stock						3,438	Ι	ESOP		
Common Stock						15,000	I	By IRA		

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amour	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	'Year)	Underl	ying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securit	ties	(Instr. 5)	Bene
	Derivative				Securities	5		(Instr. 1	3 and 4)		Owne
	Security				Acquired						Follo
	-				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration		Number		
						Exercisable	Date	of			
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Kalamaras Paul 101 JFK PARKWAY SHORT HILLS, NJ 07078			Exec VP				
Signatures							
Thomas Splaine, Jr. Pursuant to attorney	o power o	ſ	01/24/20	14			

<u>**Signature of Reporting Person</u>

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).

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.

Date