#### **CONNORS MICHAEL P**

Form 4

December 11, 2012

### FORM 4

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

OMB Number: 3235-0287

Check this box if no longer subject to Section 16

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005

**OMB APPROVAL** 

Section 16. Form 4 or Form 5 obligations

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

burden hours per response... 0.5

Estimated average

may continue. See Instruction

30(h) of the Investment Company Act of 1940

1(b).

Shares of

Common

Stock

12/10/2012

(Print or Type Responses)

1. Name and Address of Reporting Person * CONNORS MICHAEL P			2. Issuer Name <b>and</b> Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer			
			Informa	tion Serv	ices Group Inc. [III]	(Che	eck all applicable	e)	
(Last)	(First)	(Middle)	3. Date of	Earliest Tr	ansaction			,	
	MFORD PLAZ. BOULEVARD	A, 281	(Month/D 12/10/20	•		_X_ Director _X_ Officer (given below)	ve title 0th below) nairman & CEO		
(Street)			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check			
STAMFOR	D, CT 06901		Filed(Mon	nth/Day/Year	)	Applicable Line) _X_ Form filed by Form filed by Person	1 0		
(City)	(State)	(Zip)	Table	e I - Non-D	Perivative Securities Acq	quired, Disposed	of, or Beneficial	lly Owned	
1.Title of	2. Transaction D	ate 2A. Dee	emed	3.	4. Securities Acquired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Yea	r) Execution	on Date, if	Transactio	on(A) or Disposed of (D)	Securities	Form: Direct	Indirect	
(Instr. 3)		any		Code	(Instr. 3, 4 and 5)	Beneficially	(D) or	Beneficial	
		(Month/	'Day/Year)	(Instr. 8)		Owned	Indirect (I)	Ownership	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

12/10/2012

P

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.

SEC 1474

(9-02)

Following

Reported

Transaction(s) (Instr. 3 and 4)

2,948,250

(A)

(D)

Α

Price

1.04

\$

(1)

Amount

50,000

(Instr. 4)

D

(Instr. 4)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exerc		7. Title		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amour		Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	ying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ies	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	·				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
					, )						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title Nu	Number		
									of		
				Code V	(A) (D)				Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
CONNORS MICHAEL P TWO STAMFORD PLAZA 281 TRESSER BOULEVARD STAMFORD, CT 06901	X		Chairman & CEO			

# **Signatures**

David E. Berger, as Attorney-in-Fact

\*\*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).

Price reflected is the weighted-average purchase price for shares purchased. The range of purchase prices for the transactions reported (1) was \$1.03 to \$1.05 per share. The reporting person undertakes to provide, upon request by the SEC staff, the issuer, or a security holder of the issuer, full information regarding the number of shares purchased at each separate price.

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.

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