| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

| OMB Number: | 3235-0287 |
|-------------------|-----------|
| Estimated averag | e burden |
| hours per respons | se: 0.5 |

| 1. Name and Address of Reporting Person* 2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Person(s) to Issuer (Carter-Miller Jocelyn (Middle) INTERPUBLIC GROUP OF (Check all applicable) (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 5. Relationship of Reporting Person(s) to Issuer 909 THIRD AVE. 3. Date of Earliest Transaction (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicate Line) (Street) NEW YORK NY 10022 (City) (State) (Zip) | to Section 16. I | if no longer subject Form 4 or Form 5 y continue. <i>See</i> | | Filed pursuant to Section 16(a) of the Securities Exchange Act of 19 or Section 30(h) of the Investment Company Act of 1940 | | OMB Numbe Estimated av hours per res | erage burd | 3235-0287 en 0.5 |
|--|-------------------------------|--|-------|--|--|--|------------------|------------------------|
| (Street) X Form filed by One Reporting Person NEW YORK NY 10022 | Carter-Mille (Last) IPG | (First) | | <u>INTERPUBLIC GROUP OF</u> <u>COMPANIES, INC.</u> [IPG] 3. Date of Earliest Transaction (Month/Day/Year) | (Check all applicat X Director Officer (gi | ble) | 10% O Other (| wner specify |
| Table L- Non-Derivative Securities Acquired Disposed of or Beneficially Owned | NEW YORK | (State) | (Zip) | | Line) X Form fileo Form fileo Person | by One Repo | orting Pers | on |

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) | | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|--------|--|----------------------|---------------|-------|---|---|---|
| | | | Code V | | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1130.4) |
| Common Stock | 08/19/2022 | | S | | 6,500 ⁽¹⁾ | D | \$30 | 38,214 ⁽²⁾ | 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 (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deriv | r osed) r. 3, 4 | 6. Date Exerc Expiration Da (Month/Day/Y | ate | Amou Secu Unde Deriv | rlying ative rity (Instr. | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Open market sale

2. Includes restricted shares which are subject to forfeiture under certain circumstances.

/s/Robert Dobson POA for Jocelyn Carter-Miller

08/19/2022

** 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.