## FORM 5

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

eck this box if no longer subject to
ction 16. Form 4 or Form 5
igations may continue. See

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

Form 3 Holdings Reported.

transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative

Form 4 Transactions Reported.

Check this box to indicate that a

**ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP** 

> Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

**OMB APPROVAL** OMB Number: 3235-0362 Estimated average burden hours per response: 1.0

	e conditions of ee Instruction 1																			
1. Name and Address of Reporting Person* <u>CARROLL CHRISTOPHER F</u>				<u>INTERI</u>	2. Issuer Name and Ticker or Trading Symbol INTERPUBLIC GROUP OF COMPANIES, INC. [ IPG ]								5. Relationship of Reporting Pers (Check all applicable) Director					Owr	ner	
(Last) IPG 909 THI	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2024									Officer (give title Other (specify below)  SVP, Controller & CAO										
(Street) NEW YO	4. If Amend	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     Form filed by One Reporting Person     Form filed by More than One Reporting Person										
		Table	e I - Non-Deriv	ative Secu	rities	s Acc	quire	d, Dis	posed	of,	or E	Benefici	ally O	wne	ed					
Dat			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) or Dispo Of (D) (Instr. 3, 4 and 5)				r Dispose	Securiti Benefic		s	6. Ownership Form: Direct (D) or		7. Nature of Indirect Beneficial Ownership		
				(month/bay/re	, , ,	0)		Amoun	ount (A		P P	rice	Issuer's F Year (Inst 4)		Fiscal	Indire			(Instr. 4)	
Common Stock			12/31/2024		J			783(1)		A	A \$27.05 <sup>(2)</sup>		47,3:		356 <sup>(3)</sup>		D			
		Та	ble II - Derivat (e.g., p	ive Securi uts, calls, v										nec	d					
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. Transaction Code (Instr. 8)	of Deriv Secu Acqu (A) o Disp of (D	osed )) :r. 3, 4	Expir (Mon	Date Exercisable and control part (printing part)  ate Expiration (part)			Amount of Securities Underlying Derivative Security (Ins. 3 and 4)  Expiration of Securities Of Securities Underlying Derivative Security (Ins. 3 and 4)		int of ities rlying active ity (Instr. 4)  Amount or Number of	unt ber		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 Indirec Beneficia Ownershi (Instr. 4)

## **Explanation of Responses:**

- 1. Total shares acquired through 12/31/2024 via the issuer Employee Stock Purchase Plan.
- 2. Reflects average purchase price of shares from Q1,Q2, Q3 2024.
- 3. Includes restricted shares that are subject to forfeiture under certain circumstances. Previously reported total, which included grant of Performance Units (for shares not currently issued), was incorrect by 4,594 shares.

/s/Robert Dobson POA for

01/16/2025

Chris Carroll

\*\* 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.