FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| ı | OND AFF | NOVAL |
|---|---------------------|----------|
| | OMB Number: | 3235-028 |
| 1 | Fatimated average b | urdon |

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

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: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | | | | | | | | |

| 1. Name and Address of Reporting Person THOMAS DAVID M (Last) (First) (Middle) | | | | | | INTERPUBLIC GROUP OF COMPANIES, INC. [IPG] | | | | | | | | | | all app Direc | tor er (give title | 10% C Other below) | | Owner (specify | |
|--|--|--|------|--|------|---|-----|---|-------------------------------------|---|--------------------|--|---|----------------------|--|---|--|---|---|-------------------|--|
| C/O IPG 1114 AVE OF THE AMERICAS | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/31/2011 | | | | | | | | | | | | | | | |
| (Street) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | |
| | NEW YORK NY 10036 | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | | Zip) | | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Date) | | | | | | ay/Year) if a | | A. Deemed Execution Date, fany Month/Day/Year) | | | | ties Acquired (A) I Of (D) (Instr. 3, 4 | | | 4 and Sec Ber | | ount of ties cially I Following ted | 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) | | | | , , | | | | |
| Common Stock 05/3 | | | | | | | | | A | | 8,396 | 1) A \$ | | \$11 | 11.91 5 | | ',380 ⁽²⁾ | Ι |) | | |
| | 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) | Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any | | | | | ransaction of ode (Instr. Derivative | | | 6. Date E Expiration (Month/D | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nur of | ount nber ires | | | | | | | |

Explanation of Responses:

- 1. Shares will vest 3 years from date of grant.
- 2. Includes restricted shares which are subject to forfeiture under certain circumstances.

/s/Nicholas J. Camera POA for **David Thomas**

06/02/2011

** 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.