## Edgar Filing: IMAX CORP - Form 4

IMAX COF	RP									
Form 4										
June 15, 20	07									
FORM	Л 4	~				~~~	~~~~~~~~~		PPROVAL	
	• • UNITED	STATES					COMMISSIO	OND	3235-0287	
Check t	his box		Wa	ashington	, D.C. 20	1549		Number:	January 31,	
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subject	10				RITIES	ICIAL O	Estimated	Estimated average		
Section Form 4				SECU	MIIE5			burden hou response	•	
Form 5		rsuant to S	Section	16(a) of th	ne Securi	ties Excha	nge Act of 1934,	•	. 0.5	
obligati	ons Section 17(						of 1935 or Secti			
may con See Inst		30(h)	of the In	nvestment	t Compar	ny Act of 1	940			
1(b).										
(Print or Type	Responses)									
1 Name and	Address of Reporting	Person *	2.1	N	J.T.' J	7T 1'	5 Relationshin	of Reporting Per	rson(s) to	
CELEOND DICILADD I				er Name <b>an</b>	a ficker of	Trading	5. Relationship of Reporting Person(s) to Issuer			
			Symbol IMAX	CORP []]	MAXI					
(Least)	(Einst)	Middle)		L.	-		(Che	eck all applicabl	e)	
(Last)	(First) (	(viluale)		of Earliest T Day/Year)	ransaction		X_ Director	100	% Owner	
			(Month/Day/Year) 06/13/2007			X Officer (gi	ve title Oth	ner (specify		
2100							below)	below) f Executive Offi	cer	
						.1				
(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
			1 neu(m	Jilli/Day/1Ca	1)		_X_ Form filed by One Reporting Person			
NEW YOF	RK, NY 10022						Form filed by Person	More than One R	eporting	
( <b>C</b> :+)	(Stata)	(7:								
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of	2. Transaction Date			3.	4. Securit		5. Amount of	6. Ownership	7. Nature of	
Security (Instr. 3)	(Month/Day/Year)	Execution	Date, if	Transactio Code	nAcquired Disposed		Securities Beneficially	Form: Direct (D) or Indirect	Indirect Repeticial	
(IIIsu. <i>5)</i>		any (Month/Da	ay/Year)	(Instr. 8)			Owned	(I) of multeet	Ownership	
		``		. ,		,	Following	(Instr. 4)	(Instr. 4)	
						(A)	Reported Transaction(s)			
				~		or	(Instr. 3 and 4)			
				Code V	Amount	(D) Price				
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned directly o	or indirectly.			
							pond to the colle		SEC 1474	
					inform	nation cont	ained in this form	n are not	(9-02)	

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. Number of	6. Date Exercisable and	7. Title and Amount of	8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	С
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	S

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(Instr. 3)	Price of Derivative Security	rivative		(Instr. 8	8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)						(
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Options (to buy)	\$ 10.69	06/13/2007		D			75,000	<u>(1)</u>	03/10/2016	Common Shares	75,000	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
GELFOND RICHARD L 110 EAST 59TH STREET SUITE 2100 NEW YORK, NY 10022	Х		Chief Executive Officer					
Signatures								

Richard L Gelfond	06/15/2007
<u>**</u> 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).
- (1) The options would have become exercisable in two equal installments of 37,500 options on each of March 10, 2007 and March 10, 2008.
- (2) The options were cancelled by IMAX Corporation. The reporting person received no compensation for the cancellation.

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.