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IMAX COR Form 4	Р										
March 10, 2	015										
FORM	14		CECUT				NOD		OMB A	PPROVAL	
UNITED STATES SECON							NGE (COMMISSION	OMB Number:	3235-0287	
(Print or Type	Responses)										
Cripps Andrew Symbol				r Name and CORP [II	d Ticker or MAX]	Tradi	ng	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (M	(liddle)	3. Date of	f Earliest T	ransaction			(Chec	k all applicable	e)	
C/O IMAX CORPORATION, 110 EAST 59TH STREET, SUITE 2100				-				Director10% Owner Officer (give titleOther (specify below) Executive Vice President			
				endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
NEW YOR	K, NY 10022							Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-l	Derivative	Secui	rities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any		Code (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
common shares (opening balance)				Code V	Amount	(D)	Price	(Instr. 3 and 4) 248	D		
common shares	03/07/2015			М	521 <u>(1)</u>	А	\$0	769	D		
common shares	03/07/2015			М	467 <u>(1)</u>	А	\$0	1,236	D		
common shares	03/09/2015			S	236 <u>(2)</u>	D	\$ 33.85	1,000	D		
	03/09/2015			S	212 <u>(2)</u>	D		788	D		

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common
shares

\$ 33.85

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) 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 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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
restricted share units (3)	<u>(4)</u>	03/07/2015		А	2,218		(5)	12/01/2018	common shares	2,218
restricted share units	\$ 0 <u>(1)</u>	03/07/2015		М		521 (1)	03/07/2015	12/01/2016	common shares	521
restricted share units	\$ 0 <u>(1)</u>	03/07/2015		М		467 (1)	03/07/2015	12/01/2017	common shares	467

Reporting Owners

Reporting Owner Name / Address		Relationships		
	Director	10% Owner	Officer	Other
Cripps Andrew C/O IMAX CORPORATION 110 EAST 59TH STREET, SUITE 2100 NEW YORK, NY 10022			Executive Vice President	
Signaturas				

Signatures

03/10/2015 Andrew Cripps

**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) Represents the conversion upon vesting of restricted share units into common shares. Each restricted share unit represents a contingent right to receive one common share of IMAX Corporation.
- (2) Mr. Cripps is reporting the sale of 448 common shares to satisfy his tax withholding obligations in connection with the delivery of common shares upon conversion of the restricted share units.
- (3) Each restricted share unit represents a contingent right to receive one common share of IMAX Corporation.
- (4) Each restricted share unit is the economic equivalent of one common share of IMAX Corporation.
- (5) The restricted share units vest and will be converted to common shares in four installments: 443 on March 7, 2016; 554 on each of March 7, 2017 and March 7, 2018 and 667 on December 1, 2018.

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.