

IRADIMED CORP
Form 3
July 15, 2014

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *
Â Novovich Serge
(Last) (First) (Middle)

2. Date of Event Requiring Statement
(Month/Day/Year)
07/15/2014

3. Issuer Name and Ticker or Trading Symbol
IRADIMED CORP [IRMD]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original Filed(Month/Day/Year)

C/O IRADIMED CORPORATION,Â 1025
WILLA SPRINGS DR.
(Street)

(Check all applicable)

Director 10% Owner
 Officer Other
(give title below) (specify below)

WINTER SPRINGS,Â FLÂ 32708
(City) (State) (Zip)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	

				Shares		or Indirect (I) (Instr. 5)	
Stock Option (Right to Buy)	Â (1)	11/18/2022	Common Stock	17,500	\$ 1.29	D	Â
Stock Option (Right to Buy)	Â (2)	12/29/2023	Common Stock	26,250	\$ 1.48	D	Â
Series A Convertible Preferred Stock	04/14/2014	Â (3)	Common Stock	140,000	\$ (3)	I	By Pacific Summit Capital LLC (4)

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Novovich Serge C/O IRADIMED CORPORATION 1025 WILLA SPRINGS DR. WINTER SPRINGS, FL 32708	Â X	Â	Â	Â

Signatures

/s/ Serge Novovich
Date: 07/15/2014

**Signature of Reporting Person

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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) This option was granted on 11/20/2012 and vests over 4 years in equal annual installments commencing on the first anniversary of the grant date.
- (2) This option was granted on 12/31/2013 and vests over 4 years in equal annual installments commencing on the first anniversary of the grant date.
- (3) The Series A Convertible Preferred Stock is convertible into Iradimed Corporation Common Stock on a one-for-one basis and has no expiration date. The shares will automatically convert upon the closing of Iradimed Corporation's initial public offering if the aggregate amount of the offering is not less than \$10,000,000.
- (4) The reporting person is a manager of Pacific Summit Capital LLC and indirectly owns approximately 66.7% of Pacific Summit Capital LLC. The reporting person disclaims beneficial ownership of the shares held by Pacific Summit Capital LLC except to the extent of his pecuniary interest, and the inclusion of these shares in this report should not be deemed an admission of beneficial ownership of any such shares for purposes of Section 16, or for any other purpose.

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.