

IMAX CORP
Form 4
June 09, 2016

FORM 4

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

OMB APPROVAL

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STATEMENT OF CHANGES IN 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 *
MacMillan Michael

(Last) (First) (Middle)
33 PRINCE ARTHUR AVENUE
(Street)

TORONTO, A6 M5A 1B2

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol
IMAX CORP [IMAX]

3. Date of Earliest Transaction (Month/Day/Year)
06/07/2016

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

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

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

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

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
			Code	V	Amount (A) or (D) Price		
common shares (opening balance)					9,071	D	
common shares	06/07/2016		M		3,981 (4) \$ 0	D	
common shares	06/08/2016		S		2,194 (6) \$ 30.64	D	

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

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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. Transaction Code (Instr. 8)	5. Number of Derivative 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 ⁽¹⁾	<u>(2)</u>	06/07/2016		A	3,981 ⁽³⁾	06/07/2016	07/07/2016	common shares	3,981
restricted share units ⁽¹⁾	<u>(2)</u>	06/07/2016		M	3,981 ⁽⁴⁾	06/07/2016	07/07/2016	common shares	3,981

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
MacMillan Michael 33 PRINCE ARTHUR AVENUE TORONTO, A6 M5A 1B2				

Signatures

Michael
MacMillan

06/09/2016

**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) Each restricted share unit represented a contingent right to receive one common share of IMAX Corporation.
- (2) Each restricted share unit is the economic equivalent of one common share of IMAX Corporation.
- (3) Mr. MacMillan received a grant of restricted share units in connection with his membership on the IMAX Corporation Board of Directors.
- (4) Represents the conversion of vested restricted share units into common shares.
- (5) This represents Mr. MacMillan's restricted stock unit balance for this grant after this transaction. Mr. MacMillan's total outstanding long share balances after this transaction will be 10,858 respectively.

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- (6) Mr. MacMillan is reporting the sale of common shares to satisfy his tax obligation in connection with the delivery of converted common shares from his RSU annual grant awarded on June 7, 2016.

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.