#### FORM 4

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

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

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burd	en								
l	hours per response:	0.5								

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Campbell Eileen</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol IMAX CORP [ IMAX ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify						
(Last) (First) (Middle) 110 EAST 59TH STREET SUITE 2100							3. Date of Earliest Transaction (Month/Day/Year) 07/15/2016								X Officer (give title Other (specify below)  Chief Marketing Officer					
(Street) NEW YORK NY 10022  (City) (State) (Zip)				_   4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person							
(Oity)	(5			n Dori	ivotiv	. 50	ourit	tion And	unirod	Die	nocod of	er Bor	a oficial	ly Owned						
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)			saction	action 2A. Deemed Execution Date,		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			5. Amou Securitie Beneficia Owned F	nt of s ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct I ndirect I tr. 4)	7. Nature of Indirect Beneficial Ownership					
									v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3	ion(s)		[	(Instr. 4)			
common shares (opening balance)														9,0	072	]	D			
common shares 07/15/2						2016		М		4,875(1)	A \$0		0 13,947		D					
common shares 07/15/2					5/201	2016		F		1,803(2)	D	\$30.5	4 12,144		D					
		-	Table II -								osed of, convertib			Owned						
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)				6. Date Exercisable a Expiration Date (Month/Day/Year)		te	7. Title and Amount of Securities Underlying Derivative Security (Insti		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	e (Constant)	LO. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)		
				c	Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	J. 1(3)				
restricted share	\$0.00 <sup>(1)</sup>	07/15/2016			M			4,875 <sup>(1)</sup>	07/15/2	016	12/01/2016	common shares	4,875	\$0.00 <sup>(1)</sup>	5,850 <sup>(</sup>	(3)	D			

### **Explanation of Responses:**

- 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. Ms. Campbell is reporting the withholding of 1,803 common shares by IMAX Corporation to satisfy his tax withholding obligations in connection with the delivery of common shares upon conversion of the
- 3. This represents the number of restricted share units for this transaction only. Ms. Campbell's aggregate remaining outstanding option, restricted share unit and common share balances following this transaction will be 66,362; 36,479 and 12,144 respectively.

# Remarks:

Eileen Campbell

07/19/2016

\*\* 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.