Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

**OMB APPROVAL** OMB Number: Estimated average burden 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>LISTER ROBERT D</u>						2. Issuer Name and Ticker or Trading Symbol IMAX CORP [ IMAX ]								eck all applic	tionship of Reporting all applicable) Director Officer (give title		Person(s) to Issuer  10% Owner Other (specify	
(Last) (First) (Middle) 110 EAST 59TH STREET SUITE 2100					3. Date of Earliest Transaction (Month/Day/Year) 02/01/2016								below)			below)		
(Street) NEW YORK NY 10022  (City) (State) (Zip)				_ 4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)								ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					action	ion 2A. Deemed Execution Date,			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) on Disposed Of (D) (Instr. 3, 4		(A) or	5. Amou Securitie Benefici Owned F	nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
common shares 02/01/2					L/ <b>20</b> 16	016			С		5,750(1)	A	\$13.3	8 18	18,801		D	
common shares 02/01/2					L/ <b>20</b> 16	2016					6,000(1)	A	\$20.2	5 24	24,801		D	
common shares 02/01/2					L/ <b>20</b> 16	2016					11,750(1)	D	\$30.79	13,051			D	
			Table II								osed of, convertib			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deem Execution if any (Month/Da	Date,	4. Transa Code ( 8)				6. Date Exerci Expiration Da (Month/Day/Y		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti	Owne Form Direc or Inc (I) (In	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	le V	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	on(a)		
options (to buy)	\$13.38	02/01/2016			С			5,750 <sup>(1)</sup>	12/31/2	014	12/31/2016	common shares	5,750	\$13.38	11,500	(2)	D	
options (to	\$20.25	02/01/2016			С			6.000 <sup>(1)</sup>	01/09/2	014	01/09/2019	common	6.000	\$20.25	40,000	(3)	D	

## **Explanation of Responses:**

- 1. Stock options were exercised and sold as common shares pursuant to Rule 10b5-1 Sales Plan adopted on March 16, 2015. Mr. Lister's 10b5-1 Sales Plan is scheduled to terminate on April 29, 2016.
- 2. This represents the remaining balance of the options granted on the issue date, December 31, 2009, following this transaction. Mr. Lister's aggregate remaining outstanding option, restricted share unit and common share balances following these transactions will be 194,717; 63,577 and 13,051 respectively.
- 3. This represents the remaining balance of the options granted on the issue date, January 9, 2012, following this transaction. Mr. Lister's aggregate remaining outstanding option, restricted share unit and common share balances following these transactions will be 194,717; 63,577 and 13,051 respectively.

## Remarks:

Robert D Lister

02/03/2016

\*\* 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.