## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL								
	OMB Number:	3235-0287							
	Estimated average t	ourden							
1	hours por rosponso.	0.5							

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

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>GELFOND RICHARD L</u>						2. Issuer Name and Ticker or Trading Symbol  IMAX CORP [ IMAX ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner						
(Last) (First) (Middle) 110 EAST 59TH STREET SUITE 2100						3. Date of Earliest Transaction (Month/Day/Year) 05/01/2016								X Officer (give title Other (specify below)  Chief Executive Officer						
,	NEW YORK NY 10022						4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person													
(City)	(S	tate)	(Zip)	on Doi	ivativ	,o So	ouri	tios Ao	auiro	4 Did	spaced of	or Po	noficia	lly Own	204					
Date			2. Trans Date	Transaction		2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Disposed Of	(A) or	5. A Sec Ber Ow	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct II Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price	Trai		l ion(s) and 4)			(Instr. 4)	
common shares														7,550			I "	by "Claudia Gelfond Trust"		
common shares														7,550			I "	y Pamela Gelfond Trust"		
common shares														105,217		D				
common shares 05/01			L/2016	016		M		14,994(1)	A	\$0.00	(1)	135,311			D					
common shares 05/02/			2/2016	016			S		7,741 <sup>(2)</sup>	D	\$32.13	94 127,		7,570		D				
			Table II								osed of, convertib			/ Owne	ed					
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	n Date,	Code (I		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exe Expiration I (Month/Day		ate	7. Title a Amount Securitie Underlyi Derivativ Security and 4)	of es ng /e	Deriva Secur	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amoun or Numbe of Shares			(Instr. 4)				
restricted	\$0.00 <sup>(1)</sup>	05/01/2016			M			14,994 <sup>(1)</sup>	05/01	/2016	12/31/2016	common	14,99	\$0.00	) <sup>(1)</sup>	29,990	(3)	D		

## Explanation of Responses:

- 1. Represents the conversion upon vesting of 14,994 restricted share units into common shares. Each restricted share unit represented a contingent right to receive one common share of IMAX Corporation.
- 2. Mr. Gelfond is reporting the sale of 7,741 common shares to satisfy his legal tax withholding obligations in connection with the delivery of the converted 14,994 common shares.
- 3. This represents the number of restricted stock units issued for this transaction only. Mr. Gelfond's aggregate remaining outstanding option, restricted share unit and common share balances following this transaction will be 1,577,648; 224,216 and 127,570 respectively.

## Remarks:

Richard L. Gelfond

05/04/2016

\*\* 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.