FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | |
|-----|--------------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| | Estimated average burden | | | | | | | | | |
| - 1 | hours per response: | 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

| Name and Address of Reporting Person* Berman Gail | | | | | | 2. Issuer Name and Ticker or Trading Symbol IMAX CORP [IMAX] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------|-------------|---------|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|---------------------|------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------|------------------------------------------|---|--|
| (Last) | , | irst) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/09/2023 | | | | | | | | | give title | | Other (s below) | | | |
| IMAX CORPORATION 902 BROADWAY, FLOOR 20 | | | | 4. 1 | 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 | | | | | | | |
| (Street) NEW YO | ORK N | Y | 10010 | | | Form filed by More the Person | | | | | | | | | | | One Repor | ting | | |
| (City) | (5 | State) | (Zip) | | - Ri | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date, | | Date, | | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | Beneficia Owned F | Form lly (D) o ollowing (I) (In | | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transacti (Instr. 3 a | action(s) | | | (Instr. 4) | | |
| common shares (opening balance) | | | | | | | | | | | | | (| 0 | | D | | | | |
| common shares 06/09/2 | | | | 09/2023 | /2023 | | | M | | 6,778(1) | A | \$0.00(2 | 6,7 | 6,778 | | D | | | | |
| 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) | Derivative Conversion Date Security or Exercise (Month/I | | Execution D | | | Disposed | | ative E | | 6. Date Exercisab Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Inst and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership tt (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | | | | | |
| restricted share units ⁽³⁾ | \$0.00 ⁽²⁾ | 06/09/2023 | | | A | | 6,778 ⁽⁴⁾ | | (5) | | (5) | common shares | 6,778 | (2) | 6,778 | 3 | D | | | |
| restricted share units ⁽³⁾ | \$0.00 ⁽²⁾ | 06/09/2023 | | | М | 4 6 | | 6,778 ⁽¹⁾ | (5) | | (5) | | (5) | common shares | 6,778 | (6) | 0 | | D | |

Explanation of Responses:

- 1. Represents the conversion upon vesting of restricted share units into common shares.
- $2. \ Each \ restricted \ share \ unit \ is \ the \ economic \ equivalent \ of \ one \ common \ share \ of \ IMAX \ Corporation.$
- 3. Each restricted share unit represents a contingent right to receive one common share of IMAX Corporation.
- 4. Ms. Berman received a grant of restricted share units in connection with her membership on the IMAX Corporation Board of Directors.
- 5. The restricted share units vest and convert to common shares on the date of grant, June 9, 2023.
- 6. Pursuant to Instruction 4(C)(iii), this response has been left blank.

Remarks:

/s/ Gail Berman

** Signature of Reporting Person

06/13/2023

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.