## FORM 4

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

Washington, I	D.C. 20549
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STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP
SIAILMLINI	OI CITANOLS	IN DENEL ICIAL	CVVIVEICOLIII

**OMB APPROVAL** 3235-0287 Estimated average burden 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

		Reporting Person	k					e <b>and</b> Tick			Symbol		(Ch	Relationship of the Relati	cable)	g Person(s) to	ssuer Owner	
(Last) 110 EAS SUITE 2	T 59TH ST	irst) TREET	(Middle)		3. Date of Earliest Transa 12/09/2016					Month	/Day/Year)			X Officer (give title Other (specify below)  Chief Executive Officer				
(Street) NEW Y(		Y State)	10022 (Zip)		—   4. —	If Ame	ndme	nt, Date o	of Original Filed (Month/Day/Year)					Individual or Joint/Group Filing (Check Applicable Line)     Form filed by One Reporting Person     Form filed by More than One Reporting Person				
(City)	(3	,		on-Dei	rivativ	/e Se	curi	ties Ac	auirea	d. Di	sposed of	. or Bei	neficial	lv Owned				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year		n 2A. Deemed Execution Date, (ear) if any		3. 4. Securities Ad		Acquired (A) or (D) (Instr. 3, 4 and 5)		5. Amou Securiti Benefici	int of es	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership					
							(Monangay) real)		Code	v	Amount	(A) or (D) Price		Reported Transaction(s) (Instr. 3 and 4)		(,,(,	(Instr. 4)	
common	shares (ope	ning balance)												109	9,724	D		
common	shares													7,	550	I	by "Pamela Gelfond Trust"	
common	shares													7,	550	I	by "Claudia Gelfond Trust"	
common shares 12/0			12/09	9/2016	2016					64,742(1)	A	\$0.00	174	174,466				
common shares 12/12			2/2016	2016					33,419(2)	D	\$31.90	28 14:	1,047	D				
			Table II								oosed of, o			Owned				
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  Security  3. Transaction Date (Month/Day/Year) (Month/Day/Year)  if any (Month/Day/Y		ed n Date,	d 4. Date, Transactio Code (Insti		5. Number of on Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	Owners Form: Direct (I) Or Indirect (I) (Insti	Beneficial Ownership ect (Instr. 4)				
					Code	v	(A) (D)		Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)			
restricted share units	\$0.00 <sup>(1)</sup>	12/09/2016			M			64,742 <sup>(1)</sup>	12/09	/2016	01/09/2019	common shares	64,742	\$0.00 <sup>(1)</sup>	129,48	4 <sup>(3)</sup> D		

## **Explanation of Responses:**

- 1. Each restricted share unit represents a contingent right to receive one common share of IMAX Corporation.
- 2. Mr. Gelfond is reporting the sale of 33,420 common shares to satisfy his tax withholding obligations in connection with the delivery of common shares upon conversion of the restricted share unit transaction.
- 3. This represents the number of restricted share units for this transaction only. Mr. Gelfond's aggregate remaining outstanding option, restricted share unit and common share balances following this transaction will be 2,063,092; 340,325 and 156,147 respectively.

## Remarks:

Richard L. Gelfond

12/13/2016

\*\* 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.