FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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]								5. Relationship of Reporting (Check all applicable) X Director			on(s) to Issu 10% Ov	
(Last) 902 BRC 20TH FL	OADWAY	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 12/09/2018								below)	Officer (give title below) Chief Execut		Other (specify below) tive Officer		
Street) NEW YORK 10010-6002 (City) (State) (Zip)				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tal	ble I - N	on-Der	rivativ	/e Se	curi	ties Ac	quire	d, Dis	sposed of	, or Ber	neficiall	/ Owned				
1. Title of Security (Instr. 3) 2. Trai			Date	2. Transaction		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			5. Amour Securitie Beneficia Owned F	s 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		Reported Fransaction(s) Instr. 3 and 4)			(Instr. 4)		
common shares (opening balance)														205	,087		D	
common shares 12/09/20				9/2018	018			M		64,742(1)	A	\$0.00	269	9,829		D		
common shares 12/10/2				0/2018	018		S		34,675(2)	D	\$18.278	5 235,	5,154 ⁽³⁾		D			
			Table II								oosed of, o			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. Transa Code (8)				6. Date Exerci Expiration Da (Month/Day/Y		ate Amount of		of s ng e	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)	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	on(s)		
restricted share	(5)	12/09/2018			M			64,742 ⁽¹⁾	12/09	9/2018	12/09/2018	common shares	64,742	(5)	0(3)		D	

Explanation of Responses:

- 1. Represents the conversion upon vesting of restricted share units into common shares.
- 2. Mr. Gelfond is reporting the sale of common shares to satisfy his tax withholding obligations in connection with the delivery of common shares upon conversion of the restricted share unit
- 3. This represents the number of restricted share units or stock options for this transaction only. Mr. Gelfond's aggregate remaining outstanding option, restricted share unit and common share balances following these transaction will be 2,873,364; 87,044 and 235,154 respectively.
- 4. Each restricted share unit represents a contingent right to receive one common share of IMAX Corporation.
- $5.\ Each\ restricted\ share\ unit\ is\ the\ economic\ equivalent\ of\ one\ common\ share\ of\ IMAX\ Corporation.$

Remarks:

Richard L. Gelfond

** Signature of Reporting Person

12/10/2018

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.