## FORM 4

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

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL	ON	/IB APP	ROVAL
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OMB Number: 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

1. Name and Address of Reporting Person*  GELFOND RICHARD L						2. Issuer Name <b>and</b> Ticker or Trading Symbol  IMAX CORP [ IMAX ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner						
(Last) 110 EAS SUITE 2	T 59TH ST	First)	(Middle)				of Ear 2010	rliest Transa	saction (Month/Day/Year)					X	Officer (give title below)  Chief Executive Officer				pecify	
(Street) NEW YO		ΙΥ	10022		_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									Form file	dual or Joint/Group Filing ( Form filed by One Repor			rting Person	
(City)	(5	State)	(Zip)												Person	-		•		
		Tá	able I - No	n-Dei	rivati	ve S	ecur	ities Ac	quired	, Dis	sposed o	f, or Be	enefici	ally	Owned					
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Yea		Exec (Year) if any	Execu	Deemed cution Date, y nth/Day/Year)	3. Transaction Code (Instr. ) 8)				ed (A) or tr. 3, 4 an	nd 5)	5. Amount of Securities Beneficially Owned Following		Form:	Direct Indirect Etr. 4)	. Nature of ndirect eneficial ownership		
								Code	v	Amount	(A) c	Price	e	Reported Transactio (Instr. 3 an				(Instr. 4)		
common	shares			02/1	<b>17/20</b> 1	10			С		10,000	1) A	\$2	2.88	506,0	650		D		
common	shares			02/1	<b>17/20</b> 1	10			S		10,000	1) D	\$12	2.64	496,0	650		D		
common	common shares		02/18/2010		10			С		10,000	1) A	\$2	2.88	506,650			D			
common shares		02/18/2010		10			S		10,000	1) D	\$12	2.86	496,650			D				
common shares		02/19/2010		10			С		10,000	1) A	\$2	2.88	506,650			D				
common shares		02/1	02/19/2010				S		10,000	1) D	\$13	3.18	496,650			D				
common shares													50,000			I 2	y Gelfond 001 Children's Trust"			
common	shares														25,0	950		I "	y Pamela Gelfond 'rust''	
common shares													25,050			I "	y Claudia Gelfond Trust''			
common shares													128,750			I "	y Richard Gelfond RA''			
			Table II -								osed of,				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day	d Date,	4. Transaction Code (Instr.		on Derivative		6. Date Exercis Expiration Dat (Month/Day/Ye		sable and te	7. Title a of Secur Underlyi	ind Amou rities ing ve Securi	ınt	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported	e Ces Fally Dog (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Co	Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amour Numbe Shares	er of		Transaction(s) (Instr. 4)				
stock options (to buy)	\$2.88	02/17/2010			С			10,000(1)	04/01/2	009	12/11/2018	common shares	10,00	00(1)	\$2.88	430,0	000	D		
stock options (to buy)	\$2.88	02/18/2010			С			10,000(1)	04/01/2	009	12/11/2018	common shares	10,00	00(1)	\$2.88	420,000		D		
stock options (to buy)	\$2.88	02/19/2010			С			10,000(1)	04/01/2	009	12/11/2018	common shares	10,00	00(1)	\$2.88	410,0	000	D		

## Explanation of Responses:

Richard L Gelfond

02/19/2010

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.