SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response: 0.5

Ī	1. Name and Addres	s of Reporting Person	n*	2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer					
	FOSTER GRI	1 0		IMAX CORP [IMAX]	(Check	all applicable)	10% Owner			
					v	Officer (give title	Other (specify			
	(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)		below)	below)			
	12582 WEST MILLENNIUM			09/01/2018	C	CEO IMAX Entertain & ESVP IMAX				
	(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	idual or Joint/Group Filing (C	Check Applicable			
Ì	PLAYA VISTA	CA	90094		X	Form filed by One Reporting Person				
	(City)	(State)	(Zip)			Form filed by More than C Person	One Reporting			

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
		Co		v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(
common shares (opening balance)								86,960	D	
common shares	09/01/2018		М		17,096 ⁽¹⁾	Α	\$0.00 ⁽²⁾	104,056	D	
common shares	09/04/2018		S		9,415 ⁽³⁾	D	\$23.4583	94,641 ⁽⁴⁾	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)	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)		Derivative		6. Date Exerc Expiration Da (Month/Day/Y	ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)		
restricted share units ⁽⁵⁾	\$0.00 ⁽²⁾	09/01/2018		М			17,096 ⁽¹⁾	09/01/2018	09/01/2023	common shares	17,096	\$0.00 ⁽²⁾	17,095 ⁽⁴⁾	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. Mr. Foster is reporting the sale of common shares to satisfy the tax withholding obligations in connection with the delivery of the converted common shares.

4. Mr. Foster's aggregate outstanding option, restricted share unit and common share balances following these transactions will be 874,090; 84,145 and 94,641 respectively.

5. Each restricted share unit represents a contingent right to receive one common share of IMAX Corporation.

Remarks:

<u>Greg Foster</u>

<u>09/04/2018</u> Date

** Signature of Reporting Person

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.