FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APE | PROVAL |
|-------------|--------------|
| OMB Number: | 3235-028 |
| | les condinos |

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

Filed nursuant to Section 16(a) of the Securities Eychange Act of 1934

| mstruc | uon 1(b). | | | FIIE | | | | | | | npany Act | | | 934 | | | <u>,</u> | | | |
|---|---|--|--------------------------|---|--|--|-----------------------------------|--------|---|--------|---------------------|---|-------------|---|---------------|---|--|---|--|--|
| 1. Name and Address of Reporting Person* KEIGHLEY DAVID B | | | | | 2. Issuer Name and Ticker or Trading Symbol IMAX CORP [IMAX] | | | | | | | | | Check | all app | licable) | | Owner | | |
| (Last) (First) (Middle) 3003 EXPOSITION BLVD C/O DKP 70 MM | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/12/2004 | | | | | | | | | | X Officer (give title Other (specify below) Senior Vice President, IMAX | | | | | | |
| (Street) SANTA MONICA | | | 90404 | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Indivine) | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (51 | | Zip) | n-Deriv | ative | . 54 | ocuritic | as Acc | uired | Die | nosed o | f or | Bor | neficia | ally (|)wne | 74 | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | nsaction :h/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, | | | d (A) or | nd | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (, | A) or D) | Price | | Transa | ted action(s) 3 and 4) | | (Instr. 4) | |
| COMMON SHARES 05/12/ | | | | 2/2004 | | | | P | | 2,300 | | A | \$4.2 | 4.228 | | 2,400 | I | By Spouse | | |
| COMMON SHARES 05/12/ | | | | | 2/2004 | | | | P | | 2,300 | | A | \$4.2 | .229 | | 2,400 | D | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution | Date, | 4. Transa Code (8) | | | | 6. Date E Expiratio (Month/D | n Date | 9 | 7. Title and Amount of Securities Underlying Derivative Security (Ir and 4) | | f s g | Deriv Secu | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Date Exercisable

Explanation of Responses:

DAVID B KEIGHLEY

Number

of Shares

Title

05/13/2004

** Signature of Reporting Person Date

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

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.

(D)

^{*} 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).