FORM 4

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

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGE	S IN BENEFICI <i>A</i>	<b>AL OWNERSHIP</b>

1	UNID APPR	UVAL
	OMB Number:	3235-0287
	Estimated average burd	den
	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* <u>Lynne Michael</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol IMAX CORP [ IMAX ]									ble)	Person(	10% Owi	ner	
(Last) UNIQUE	(F E FEATURI	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/02/2015								Officer (give title Other (spe below) below)					
888 SEVENTH AVE 16TH FLOOR					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street) NEW Y(	ORK N	ΥΥ	10106									1 ′	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	State)	(Zip)															
		Ta	able I - Non	-Derivat	ive S	ecuritie	s Acqu	ıired,	Disp	osed of,	or Bene	ficially	Owned					
Dat			2. Transact Date (Month/Day	Execution Date		n Date,	3. Transaction Code (Instr. 8)  4. Securities Acquired Disposed Of (D) (Instr. 8)				5. Amount of Securities Beneficially Owned 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 Transaction (Instr. 3 ar	tion(s)		(1	(Instr. 4)		
common shares (opening balance)												9,164		D				
common	shares			06/02/2	015			M		3,096(4)	A	\$0.00	\$0.00 12,260 D					
			Table II - D	Perivativ e.g., put	re Sec ts, ca	curities Ils, war	Acqui rants, c	red, D option	ispo 1s, co	sed of, or onvertible	Benefi securi	cially O	wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	se (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	Code	5. Number Derivative Securities Acquired (, Disposed o (Instr. 3, 4 a		ve Expiration es (Month/Da d (A) or d of (D)		tion D		7. Title ar Amount of Securities Underlyin Derivative Security ( and 4)	of s og e	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction	i C F Ily C O (I	.0. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	J11(5)			
restricted share units <sup>(1)</sup>	(2)	06/02/2015		A		3,096 <sup>(3)</sup>		06/02	/2015	07/02/2015	common shares	3,096	(2)	3,096		D		
restricted share units <sup>(1)</sup>	(2)	06/02/2015		М			3,096 <sup>(4)</sup>	06/02	/2015	07/02/2015	common shares	3,096	(2)	0		D		

## Explanation of Responses:

- 1. Each restricted share unit represented a contigent right to receive one common share of IMAX Corporation.
- $2. \ Each \ restricted \ share \ unit \ is \ the \ economic \ equivalent \ of \ one \ common \ share \ of \ IMAX \ Corporation.$
- 3. Mr. Lynne received a grant of 3,096 restricted share units in connection with his membership on the IMAX Corporation Board of Directors.
- 4. Represents the conversion of vested restricted share units into common shares.

## Remarks:

<u>Michael Lynne</u> <u>06/04/2015</u>

\*\* 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.