

OMB APPROVAL	
OMB Number:	3235-0287
Estimated average burden hours per response:	0.5

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

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

1. Name and Address of Reporting Person* <u>Throop Darren D</u> <hr/> (Last) (First) (Middle) 30 PLYMBRIDGE CRESCENT <hr/> (Street) TORONTO A6 M2P 1P5 <hr/> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>IMAX CORP [IMAX]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) 06/10/2021	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

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)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
common shares (opening balance)								15,734	D	
common shares	06/10/2021		M		7,596 ⁽¹⁾	A	\$0.00 ⁽²⁾	23,330	D	
common shares	06/10/2021		F		4,067 ⁽³⁾	D	\$22.55	19,263	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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		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) (Instr. 4)	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
restricted share units ⁽⁴⁾	\$0.00 ⁽²⁾	06/10/2021		A		7,596 ⁽⁵⁾		(6)	(6)	common shares	7,596	(5)	7,596	D	
restricted share units ⁽⁴⁾	\$0.00 ⁽²⁾	06/10/2021		M			7,596 ⁽¹⁾	(6)	(6)	common shares	7,596	(7)	0	D	

Explanation of Responses:

- Represents the conversion upon vesting of restricted share units into common shares.
- Each restricted share unit is the economic equivalent of one common share of IMAX Corporation.
- Mr. Throop is reporting the withholding of common shares to satisfy the tax withholding obligations in connection with the delivery of common shares upon conversion of the restricted share unit.
- Each restricted share unit represents a contingent right to receive one common share of IMAX Corporation.
- Mr. Throop received a grant of restricted share units in connection with his membership on the IMAX Corporation Board of Directors.
- The restricted share units vest and convert to common shares on the date of grant, June 10, 2021.
- Pursuant to Instruction 4(C)(iii), this response has been left blank.

Remarks:

/s/ Darren D. Throop

06/10/2021

** 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.