FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

washington, D.C. 20049	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235		
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	OMB Number: Estimated average burd	3235-0287
	Estimated average burd	len
1	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(b) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person* GELFOND RICHARD L				2. Issuer Name and Ticker or Trading Symbol IMAX CORP [IMAX]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
GLEF OND RIGHTIND E				_							X	X Director			10% Ow					
(Last) (First) (Middle) 110 EAST 59TH STREET SUITE 2100						3. Date of Earliest Transaction (Month/Day/Year) 09/01/2016									X Officer (give title Other (specify below) Chief Executive Officer					
(Street) NEW Y	ORK 1	NY	10022		_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	((State)	(Zip)												Person					
			Table I - N	lon-De	rivativ	ve Se	curi	ties Ac	quire	d, Di	sposed of	, or Be	nefic	cially	Owned					
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Yea		Execution Date,		on Date,	3. Transa Code (8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			nd 5)	Beneficially Owned Followin		6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)		Ownership			
								Code	v	Amount	(A) or (D)	Price)	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
common shares													7,550		I		oy 'Claudia Gelfond Trust''			
common shares													7,5	550		I	oy 'Pamela Gelfond Trust"			
common shares														102,470		D				
common shares		09/0	09/01/2016				M		14,995(1)	A	\$0	.00(1)	117,465			D				
common shares		09/02	2/2016				S		7,741 ⁽²⁾	D	\$30	.8283	109,724		D					
			Table								oosed of, o				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Dee Execution (Month/		4. Transa Code (8)		5. Number of Derivative		Expir	te Exer ation D th/Day/		7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)		5 (8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported	e Owns For Dir or I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)	
					Code	v			Date Exerc	isable	Expiration Date	or Nu of	or	ount nber ires		Transacti (Instr. 4)				
restricted share units	\$0.00 ⁽¹⁾	09/01/2016			М			14,995 ⁽¹⁾	05/01	1/2016	12/31/2016	common shares	14,	995	\$0.00 ⁽¹⁾	14,995	(3)	D		

Explanation of Responses:

- 1. Represents the conversion upon vesting of 14,995 restricted share units into common shares. Each restricted share unit represented a contingent right to receive one common share of IMAX Corporation.
- 2. Mr. Gelfond is reporting the sale of 7,741 common shares to satisfy his legal tax withholding obligations in connection with the delivery of the converted 14,995 common shares.
- 3. This represents the number of restricted stock units issued for this transaction only. Mr. Gelfond's aggregate remaining outstanding option, restricted share unit and common share balances following this transaction will be 2,063,932; 209,221 and 124,824 respectively.

Remarks:

Richard L. Gelfond

09/06/2016

** 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.