FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

* V CCO	illington,	D.O. 20	70-10		

IMB APPROVAL	
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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

1. Name and Address of Reporting Person* LEEBRON DAVID W					2. Issuer Name and Ticker or Trading Symbol IMAX CORP [IMAX]								k all applica	tionship of Reporting all applicable) Director		n(s) to Issue 10% Ow		
(Last) (First) (Middle) RICE UNIVERSITY, OFFICE OF THE PRESIDENT				- 10	3. Date 06/06/3	of Earlies 2018	t Transac	tion (Mo	onth/Da	ay/Year)		Officer (below)	give title		Other (specification)	pecify		
6100 MAIN STREET MS-1				4	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Ind Line)	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) HOUST(ON T	X	77005								X	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	es Acqu	uired,	Disp	osed of, o	or Bene	ficially	Owned					
1. Title of Security (Instr. 3)			D	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)					ties Acquired (A) or I Of (D) (Instr. 3, 4 and !		Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									v	Amount	(A) or (D)	Price	Reported Transactio (Instr. 3 an				nstr. 4)	
common s	shares (ope	ning balance)											1,3	00	0 I by		y pouse	
common	shares (ope	ning balance)							Г				73,8	359		D		
common	shares			06/06/2	018			M		5,787(4)	A	\$0.00	79,0	646		D		
			Table II - De (e	erivativ .g., put	re Se s, ca	curities Ils, war	Acqui rants, c	red, C optior	Dispo	sed of, or onvertible	Benefi securi	icially O ties)	wned					
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)		5. Number Derivative Securities Acquired Disposed (Instr. 3,	re es d (A) or d of (D)	6. Date Exercisable Expiration Date (Month/Day/Year)		ate Amount of		of s ng e	8. Price of Derivative Security (Instr. 5)		e Owners s Form: ally Direct (or Indir	Ownership	Beneficial Ownership ect (Instr. 4)	
				Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	ion(3)			
restricted share units ⁽¹⁾	(2)	06/06/2018		A		5,787 ⁽³⁾		06/06	/2018	07/06/2018	common shares	5,787	(2)	5,78	7	D		
restricted share	(2)	06/06/2018		M			5,787 ⁽⁴⁾	06/06	/2018	07/06/2018	common	5,787	(2)	0 ⁽⁵⁾		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. Leebron received a grant of 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.
- 5. This represents Mr. Leebron's restricted stock unit balance for this grant after this transaction. Mr. Leebron's total stock option and long share balances after this transaction will be 14,949 and 79,646, respectively.

Remarks:

David W. Leebron 06/07/2018

** 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.