Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* WELTON MARK						2. Issuer Name and Ticker or Trading Symbol IMAX CORP [IMAX]								eck all applic Directo	ionship of Reporting Per all applicable) Director Officer (give title below) President, IMAX		10% Owner Other (specify below) X Theatres	
(Last) (First) (Middle) 2525 SPEAKMAN DRIVE C/O IMAX CORPORATION					03	3. Date of Earliest Transaction (Month/Day/Year) 03/07/2015								Pre				
(Street) MISSISS (City)	MISSISSAUGA A6 L5K 1B1					4. If Amendment, Date of Original Filed (Month/Day/Year)								dividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tal	ole I - No	n-Deriv	vativ	e Se	curi	ties Acq	uired,	Dis	posed of	, or Bei	neficial	ly Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D.						2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securitie Disposed (Beneficia Owned F	es ally Following	Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	mount (A) or Pri		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
common shares (opening balance)													2,0	005		D		
common shares 03			03/07	7/201	7/2015					4,687(1)	A	\$0.00	6,0	692		D		
common shares 03/07				7/201	2015			M		3,396(1)	A	\$0.00	10,	,088		D		
common shares 03/09/				9/2015	2015			S		2,326(2)	D	\$33.8	7,762			D		
common shares 03/09/			9/2015	2015			S		1,686(2)	D	\$33.8	6,076			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)	Execution	Date,	4. Transaction Code (Instr 8)		n Derivative		6. Date Exercis Expiration Dat (Month/Day/Ye		ite	7. Title ar Amount of Securities Underlyin Derivative Security and 4)	of s ng e	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transacti	e Owr s Fori lly Dire or Ir (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	onijaj	11(5)	
restricted share units	\$0.00 ⁽¹⁾	03/07/2015			M			4,687 ⁽¹⁾	03/07/2	015	12/01/2016	common shares	4,687	\$0.00 ⁽¹⁾	\$0.00 ⁽¹⁾ 10,313		D	
restricted share units	\$0.00(1)	03/07/2015			M			3,396 ⁽¹⁾	03/07/2	015	12/01/2017	common shares	3,396	\$0.00 ⁽¹⁾	13,58	5	D	

Explanation of Responses:

- 1. Represents the conversion upon vesting of restricted share units into common shares. Each restricted share unit represents a contingent right to receive one common share of IMAX Corporation.
- 2. Mr. Welton is reporting the sale of 4,012 common shares to satisfy his tax withholding obligations in connection with the delivery of common shares upon conversion of the restricted share units.

Remarks:

Mark Welton

03/10/2015

** 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.