FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFICIAL	OWNERSHIP

l	OMB APPROVAL								
	OMB Number:	3235-0287							
l	Estimated average burde	n							
l	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* GELFOND RICHARD L				2. Issuer Name and Ticker or Trading Symbol IMAX CORP [IMAX]									S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officers (also title 1997)									
(Last) 110 EAS SUITE 2	T 59TH ST	First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 08/03/2010									X Officer (give title Other (specify below) Chief Executive Officer							
(Street) NEW YO	ORK N	ΙΥ	10022		4.	If Am	endm	ent, Date of	f Origina	l Filed	l (Month/Day	//Year)		6. Ind Line)		ed by One	e Repor	(Check App ting Person One Report				
(City)	(5	State)	(Zip)		_										Person	,		•				
Table I - Non-Deriv							ntive Securities Acquired, Disposed of, or Benefi									cially Owned						
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Yea		Execution Date,		3. Transaction Code (Instr. 8)					Securities Beneficial Owned Fo	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct Indirect Etr. 4)	7. Nature of Indirect Beneficial Ownership							
									Code	v	Amount	(A) (D)	or Pr	ice	Reported Transactio (Instr. 3 an				(Instr. 4)			
common	shares			08/0	3/201	10			С		10,000	1) A	. \$	64.85	326,0	650		D				
common	shares			08/0	3/201	LO			S		10,000	1) [1	815.6	316,	650		D				
common	shares			08/0	04/201	10			С		10,000	1) A	. \$	84.85	326,0	650		D				
common	shares			08/0)4/201	10			S		10,000	1) [1	\$15.7	316,	650		D				
common	shares			08/0	5/201	LO			С		10,000	_	. \$	64.85	326,	650		D				
common	shares			08/0)5/201	LO			S		10,000	1) [\$	15.21	316,	650		D				
common shares												50,000		I 2		Oy Gelfond 2001 Children's Trust"						
common	shares														25,0	50		I "	oy Pamela Gelfond Trust"			
common shares													25,050			I "	oy Claudia Gelfond Trust''					
common shares													128,750			I "	oy Richard Gelfond RA"					
			Table II -								osed of,				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 D if any (Month/Day)	l A	4. Transa	saction Derivative e (Instr. Securities Acquired (// or Dispose		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,			sable and te	7. Title a of Secu Underly Derivati	7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Beneficia Owned Followin Reported Transact	e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)			
							Date Exercisa	able	Expiration Date	Title		unt or ber of es		(Instr. 4)								
stock options (to buy)	\$4.85	08/03/2010			С			10,000(1)	07/01/2002		04/23/2012	common shares 10,0		000(1)	\$4.85 472,		000 D					
stock options (to buy)	\$4.85	08/04/2010			С	10,000(1)		07/01/2	07/01/2002 04/23/2012		commor shares	10,0	10,000 ⁽¹⁾ \$4.85		462,000		D					
stock options (to buy)	\$4.85	08/05/2010			С			10,000 ⁽¹⁾	07/01/2	002	04/23/2012	commor shares	10,0	000(1)	\$4.85	452,0	000	D				

Explanation of Responses:

Richard L Gelfond

08/05/2010

** 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.