FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO |)VAL | | | | | |
|---|-------------------------|-----------|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | |
| l | Estimated average burde | en | | | | | |
| | 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] | | | | | | | | | lationship o ck all applica Director | • | | | | |
|---|---|-----------|-----|--|-------------------------------|---|---|-------------------------|--|-----------------|-------------|-------------------------|---|---------------------|---|---|---|---------------------------------|--|--|--|
| (Last) (First) (Middle) 110 EAST 59TH STREET SUITE 2100 | | | | | 02 | 3. Date of Earliest Transaction (Month/Day/Year) 02/19/2015 | | | | | | | | | X Officer (give title Other (specify below) Chief Executive Officer | | | | | | |
| (Street) NEW YORK NY 10022 | | | | | _ 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 Person | | | | | | |
| (City) | (| (State) | | (Zip) | | | 0 | | 4: 0 | | D :- | | | | | 0 | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/ | | | | saction | 2A. Deemed Execution Date, | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 | | | , | 5. Amount of Securities Beneficially Owned Following | | Form: | Direct I Indirect E str. 4) | Indirect Beneficial Ownership | | | | |
| | | | | | | | | | | Code | v | Amount | (A) or (D) | Pric | e | Reported Transacti (Instr. 3 a | on(s) | | 1 | Instr. 4) | |
| common | shares | | | | | | | | | | | | | | | 10, | 050 | I by "Clauc Gelfor Trust" | | | |
| common shares | | | | | | | | | | | | | | | 10,050 | | | I | oy 'Pamela Gelfond Γrust" | | |
| common shares 02/19/ | | | | | | 9/201 | 2015 | | | С | | 65,394 ⁽¹⁾ A | | \$1 | 8.38 | 8 181,751 | | D | | | |
| common | shares | | | | 02/1 | 9/201 | .5 | | | S | | 65,394 | D | \$3 | 5.03 | 116,357 | | D | | | |
| | | | • | Table II - | | | | | | | | osed of, c | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | - 1 | 3A. Deeme Execution I if any (Month/Day | d Date, | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative | | | Exerc | isable and | 7. Title an Amount of Securitie Underlyin Derivativ Security and 4) | nd of s ng | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reproted | is Silly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | or | ount mber ares | | Transactio (Instr. 4) | ion(s) | | | |
| stock options (to buy) | \$18.38 | 02/19/201 | 5 | | | С | | | 65,394 ⁽¹⁾ | 09/01/2 | 2013 | 12/31/2011 | common shares | 65,3 | 394 | \$18.38 | 134,60 | 16 | D | | |

Explanation of Responses:

1. Stock options were exercised and sold as common shares pursuant to Rule 10b5-1 Sales Plan adopted on April 25, 2014. Mr. Gelfond's 10b5-1 Sales Plan is scheduled to terminate on April 22, 2015.

Remarks:

Richard L. Gelfond

02/20/2015

** 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.