FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPROVAL 3235-0287 Estimated average burden 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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

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(c). Se	ee Instruction 1	0.																		
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)					
GELFC	JND RIC	HARD L							-	,					Direct	tor		10% O	wner	
-					\vdash									- [er (give title		Other (below)	specify	
(Last)	t) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 08/30/2024							"	below) below) Chief Executive Officer						
902 BRC	OADWAY				00/3	0/202	.4									mer Exec	utive	Officer		
20TH FL	LOOR																			
,					4. If A	Amend	ment,	Date o	f Origina	al File	d (Month/Da	y/Year	.)			Joint/Grou	p Filin	ig (Check A	pplicable	
(Street)														Line	,	filed by One	o Bon	ortina Porc	on	
NEW YO	ORK	1	0010-6	5002												filed by Mo		•		
,															Perso		ie iliai	iii Olie ivep	orting	
(City)	(St	ate) (2	Zip)																	
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	, Dis	posed of	, or E	3ene	ficia	lly Own	ed				
1. Title of Security (Instr. 3) 2. Transac			tion				4. Securities Acquired (A)							6. Ownership	7. Nature					
Date (Month/Da				y/Year)	//Year) Execution Date if any (Month/Day/Year)		,	Code (Instr.		Disposed Of (D) (Instr. 3, 5)		s, 4 and	Benefi	cially (D)	(D) o	orm: Direct) or Indirect (Instr. 4)	of Indirect Beneficial Ownership			
									Code	v	Amount	(A) (D)	or	Price	Transa	ed ction(s) 3 and 4)			(Instr. 4)	
common shares (opening balance)														535,609			D			
common shares 08/30/				2024				G		10,000(1)	,000 ⁽¹⁾ D		\$0.00	525	525,609(2)		D			
		Tal									osed of, o				y Owne	d				
				(e.g., pı	ıts, ca	alls, v	warra	ants,	optio	ns, c	onvertib	le se	curi	ties)						
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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable a Expiration Date (Month/Day/Year)		ite	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)			3. Price of Derivative Security Instr. 5)	derivative Securities	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	Code V (A) (D)			Date Expiration		Title	Amo or Num of	ber								

Explanation of Responses:

- 1. On August 30, 2024, Mr. Gelfond gifted 10,000 common shares of IMAX Corporation to Stony Brook Foundation, a charitable organization.
- 2. Mr. Gelfond's aggregate remaining outstanding option, restricted share unit and common share balances following these transactions will be 2,286,320, 360,018 and 535,609 respectively.

Remarks:

/s/ Richard L. Gelfond

08/30/2024

** 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.