FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ashington,	D.C.	20549	

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

	tion 1(b).	ide. See		Filed	pursuar or Sec	nt to Section	on 16(a) o	of the Se	ecuritie	es Exchange	Act of 193	4		nours	per res	porise:	0.5				
1. Name and Address of Reporting Person* <u>LEEBRON DAVID W</u>					or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol IMAX CORP [IMAX]						(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner									
	,	First) Y, OFFICE OF T	(Middle) THE PRESID	ENT	3. Date of Earliest Transaction (Month/Day/Year) 06/04/2020 4. If Amendment, Date of Original Filed (Month/Day/Year)						6 Ind	Officer (give title below)		Other (sp below)							
(Street) HOUST(X State)	77005 (Zip)							·	ŕ	Line) X	Form file Form file Person	ed by One	e Repor	rting Person One Report					
1. Title of Security (Instr. 3)		2. Transac Date (Month/Da	saction 2A. Deen Executio (Day/Year) if any		2A. Deemed Execution Date, if any		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 in the content of th		(A) or	5. Amount of Securities Beneficially Owned Follo		Form: I (D) or I		. Nature of ndirect eneficial wwnership							
							Code	v	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 ar	on(s)			(Instr. 4)					
	common shares (opening balance)			00/04/5						0.505(1)	 	40.00	85,8			D					
common	stidies		Table II - [ve Se					9,765 ⁽¹⁾ esed of, or onvertible			95,5 wned	500		D					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ise (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	Code	Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title an Amount of Securities Underlyin Derivative Security (and 4)	of s g	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported	e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ect (Instr. 4)				
				Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)							
restricted share units ⁽²⁾	\$0.00 ⁽³⁾	06/04/2020		A		9,765 ⁽⁴⁾		(5)		(5)		(5)		(5)	common shares	9,765	\$0.00 ⁽³⁾	9,76	5	D	
restricted share	\$0.00 ⁽³⁾	06/04/2020		M			9,765 ⁽¹⁾	(5	5)	(5)	common	9,765	\$0.00 ⁽³⁾	0 ⁽⁶⁾)	D					

Explanation of Responses:

- 1. Represents the conversion upon vesting of restricted share units into common shares.
- 2. Each restricted share unit represents a contingent right to receive one common share of IMAX Corporation.
- 3. Each restricted share unit is the economic equivalent of one common share of IMAX Corporation.
- 4. Mr. Leebron received a grant of restricted share units in connection with his membership on the IMAX Corporation Board of Directors.
- 5. The restricted share units vest and convert to common shares on the date of grant, June 4, 2020.
- 6. This represents Mr. Leebron's restricted share unit balance for this grant after this transaction. Mr. Leebron's total common share balance following this transaction will be 95,568.

Remarks:

06/08/2020

** 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.