FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHI

OMB APPROVAL								
OMB Number:	3235-0287							
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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

Name and Address of Reporting Person* Throop Darren D						2. Issuer Name and Ticker or Trading Symbol IMAX CORP [IMAX]							(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/14/2017								_	give title		Other (sp below)			
(Street)	то а	6	M2P 1P5		4	. If Am	nendment,	Date of	Origir	iginal 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)	(S	tate)	(Zip)																
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)		nsaction	tion 2A. Deemed Execution Date,		3. 4. Securities A Disposed Of (I Code (Instr. 8)		or Beneficially (Acquired (A) or D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership						
								Code	e v	Amount	t (A) or Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
common shares (opening balance)												3,3	47	D					
common shares 00			06/1	14/201	17			M		4,980(4)	A	\$0.00	8,3	27	D				
common shares 06/15			15/201	2017		S		2,670(6)	D	\$25.101	5,6	5,657							
			Table II								osed of, o			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	4. Transa Code (8)				Expiration (Month/Day			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio	y Ov Fo Dii or (I)	vnership rm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Da Ex	ite ercisable	Expiration e Date	Title	Amount or Number of Shares		(Instr. 4)	11(5)			
restricted share units ⁽¹⁾	(2)	06/14/2017			A		4,980 ⁽³⁾		06	5/14/2017	07/14/2017	commor shares	4,980	(2)	4,980		D		
restricted share units ⁽¹⁾	(2)	06/14/2017			M			4,980 ⁽⁴	1) 06	5/14/2017	07/14/2017	commor shares	4,980	(2)	0 ⁽⁵⁾		D		

Explanation of Responses:

- 1. Each restricted share unit represented a contigent right to receive one common share of IMAX Corporation.
- 2. Each restricted share unit is the economic equivalent of one common share of IMAX Corporation.
- 3. Mr. Throop received a grant of restricted share units in connection with his membership on the IMAX Corporation Board of Directors.
- 4. Represents the conversion of vested restricted share units into common shares.
- 5. This represents Mr. Throop's restricted stock unit balance for this grant after this transaction. Mr. Throop's total outstanding long share balances after this transaction will be 5,637.
- 6. Mr. Throop is reporting the sale of common shares to satisfy his tax obligation in connection with the delivery of converted common shares from his RSU annual grant awarded on June 14, 2017.

Remarks:

Darren D. Throop

06/16/2017

** 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.