## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

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*     FOSTER GREG						2. Issuer Name and Ticker or Trading Symbol  IMAX CORP [ IMAX ]								5. Relationship of Reportir (Check all applicable)  Director  Officer (give title			10% O	wner		
(Last) 12582 W	(Last) (First) (Middle) 12582 WEST MILLENNIUM						3. Date of Earliest Transaction (Month/Day/Year) 12/09/2017								X Officer (give title Other (specify below)  CEO IMAX Entertain & ESVP IMAX					
(Street) PLAYA VISTA CA 90094					_   4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. 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) Tal	(Zip)  DIE I - Non-Derivative Securities Acquired, Disposed of, or Benefic											ly Owner						
1. Title of Security (Instr. 3)  2. Transactic Date (Month/Day/					ction	on 2A. Deemed Execution Date,			3. Transa Code (	ction	4. Securities Acquired (A) o		(A) or	5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Owners (1)		
									Code	v	Amount	(A) or (D)	Price	Transa (Instr. 3	ction(s)			(Instr. 4)		
common shares (opening balance)														74,696			D			
common shares 12/09/20					/2017	17			M		6,474(1)	A	\$0.00	81,170			D			
common shares 12/11/20						17			S		3,566(2)	D	\$23.968	35 77	77,604		D			
			Table II								posed of, convertib			Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deer Execution if any (Month/I		4. Transa Code ( 8)				6. Date Exer Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ect (Instr. 4)		
					Code	e V	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)					
restricted share units <sup>(3)</sup>	\$0.00 <sup>(4)</sup>	12/09/2017			M			6,474 <sup>(1)</sup>	12/09	/2017	01/09/2019	common shares	6,474	\$0.00 <sup>(4)</sup>	6,474	(5)	D			

#### **Explanation of Responses:**

- 1. Represents the conversion upon vesting of restricted share units into common shares. Each restricted share unit represents a contingent right to receive one common share of IMAX Corporation.
- 2. Mr. Foster is reporting the sale of 9,417 common shares to satisfy his tax withholding obligations in connection with the delivery of common shares upon conversion of the restricted share units.
- 3. Each restricted share unit represents a contingent right to receive one common share of IMAX Corporation.
- 4. Each restricted share unit is the economic equivalent of one common share of IMAX Corporation.
- 5. This represents the number of restricted share unites for this transaction only. Mr. Foster's aggregate outstanding option, restricted share unit and common share balances following this transaction will be 703,636; 85,336 and 77,604 respectively.

# Remarks:

12/11/2017

\*\* Signature of Reporting Person

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.