

OMB APPROVAL	
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**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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* <b>FOSTER GREG</b> <hr/> (Last) (First) (Middle) <b>3003 EXPOSITION BLVD</b> <b>C/O IMAX CORPORATION</b> <hr/> (Street) <b>SANTA MONICA CA 90404</b> <hr/> (City) (State) (Zip)			2. Issuer Name and Ticker or Trading Symbol <b>IMAX CORP [ IMAX ]</b>			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <b>CEO IMAX Entertain &amp; ESVP IMAX</b>		
			3. Date of Earliest Transaction (Month/Day/Year) <b>07/01/2013</b>					
			4. If Amendment, Date of Original Filed (Month/Day/Year)					
			6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person					

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
common shares								26,000	D	

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

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 and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
restricted share units <sup>(1)</sup>	(2)	07/01/2013		A		21,574 <sup>(3)</sup>		(4)	07/01/2016	common shares	21,574	(2)	21,574	D	
stock options (to buy)	\$25.03	07/01/2013		A		161,538 <sup>(3)</sup>		(5)	07/01/2020	common shares	161,538	\$25.03	161,538	D	

**Explanation of Responses:**

- Each restricted share unit represents a contingent right to receive one common share of IMAX Corporation.
- Each restricted share unit is the economic equivalent of one common share of IMAX Corporation.
- The restricted share units and stock options were granted pursuant to Mr. Foster's employment renewal with IMAX Corporation.
- 7,191 of the restricted share units vest on each of July 1, 2014 and July 1, 2015 and 7,192 vest on July 1, 2016.
- 53,846 of the stock options vest on each of July 1, 2014 and July 1, 2015 and July 1, 2016.

Greg Foster

07/02/2013

\*\* 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.