

**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

OMB APPROVAL	
OMB Number:	3235-0287
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1. Name and Address of Reporting Person* <b>FOSTER GREG</b>  (Last) (First) (Middle) <b>12582 WEST MILLENNIUM</b>  (Street) <b>PLAYA VISTA CA 90094</b>  (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>SEVP IMAX &amp; CEO IMAX Entertain</b>
	3. Date of Earliest Transaction (Month/Day/Year) <b>03/07/2016</b>	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

**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 (opening balance)								40,747	D	
common shares	03/07/2016		M		8,627 <sup>(1)</sup>	A	\$0.00	49,374	D	
common shares	03/07/2016		M		8,875 <sup>(1)</sup>	A	\$0.00	58,249	D	
common shares	03/08/2016		S		8,909 <sup>(2)</sup>	D	\$31.29	49,340	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	\$0.00 <sup>(1)</sup>	03/07/2016		M			8,627 <sup>(1)</sup>	03/07/2016	12/01/2017	common shares	8,627	\$0.00 <sup>(1)</sup>	8,627 <sup>(3)</sup>	D	
restricted share units	\$0.00 <sup>(1)</sup>	03/07/2016		M			8,875 <sup>(1)</sup>	03/07/2016	12/01/2018	common shares	8,875	\$0.00 <sup>(1)</sup>	17,752 <sup>(3)</sup>	D	

**Explanation of Responses:**

- 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.
- Mr. Foster is reporting the sale of 8,909 common shares to satisfy his tax withholding obligations in connection with the delivery of common shares upon conversion of the restricted share unit
- This represents the number of restricted share units for this transaction only. Mr. Foster's aggregate remaining outstanding option, restricted share unit and common share balances following this transaction will be 646,439; 52,994 and 49,340 respectively.

**Remarks:**

Greg Foster 03/09/2016  
 \*\* 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.