FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

I	OMB APPROVAL									
I	OMB Number:	3235-0287								
	Estimated average burden									
П	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

1. Name and Address of Reporting Person* GELFOND RICHARD L					2. Issuer Name <b>and</b> Ticker or Trading Symbol IMAX CORP [ IMAX ]									(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
OLLIC	TID RIC.	III III L			1			_	_					X				10% Ov	ner	
(Last)	(Fi	irst)	(Middle)		3. 🗅										Officer ( below)	give title		Other (s below)	pecify	
902 BROADWAY					01/	01/02/2020									Ch	Chief Executive Officer				
20TH FI	OOR																			
					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)														Line)	Form fil	ed by One	Reno	rting Persor	.	
NEW YO	ORK		10010-6002	2											_	,		One Repor		
(City)	(Si	tate)	(Zip)												Person	,			9	
		Tal	ole I - Non	-Deriv	ative	e Se	curities	Acc	guired,	Dis	osed o	f, or B	ene	ficially	Owned					
1. Title of Security (Instr. 3)  2. Trans Date (Month/I			/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dis		4. Securi Disposed 5)	ties Acqu d Of (D) (I	ired ( nstr. :	(A) or 3, 4 and	5. Amour Securities Beneficia Owned F	s lly ollowing	Form (D) or	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) (D)	or	Price	Reported Transacti (Instr. 3 a	on(s)			(Instr. 4)	
common	shares (oper	ning balance)													271	,992		D		
			Table II - E												Owned					
			((	e.g., p	uts,	call	s, warra	ants,	, option	s, c	onverti	ble sec	urit	ies)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	C (	Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti	re es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				C	ode	v	(A)	(D)	Date Exercisab		expiration Pate	Title	or Nu	nount ımber Shares		(Instr. 4)	on(s)			
restricted share units <sup>(1)</sup>	\$0.00 <sup>(2)</sup>	01/02/2020			A		134,146		(3)		(3)	common	13	34,146	\$0.00 <sup>(2)</sup>	0 <sup>(4)</sup>		D		

## Explanation of Responses:

- 1. Each restricted share unit represents a contingent 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. The restricted share units vest and will be converted to common shares in three installments: 44,715 on each of January 2, 2021 and January 2, 2022 and 44,716 on January 2, 2023.
- 4. This represents the number of restricted share units for this transaction only. Mr. Gelfond's aggregate remaining outstanding option, restricted share unit and common share balances following these transactions will be 3,396,343; 134,146 and 271,992, respectively.

## Remarks:

/s/ Richard L. Gelfond

\*\* Signature of Reporting Person Date

01/06/2020

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.