FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 3235-0287 OMB Number: Estimated average burden hours per response: 0.5

1. Name and Addre	ss of Reporting Pers	son*	2. Issuer Name and Ticker or Trading Symbol <u>IMAX CORP</u> [IMAX]		tionship of Reporting Pers all applicable) Director	son(s) to Issuer 10% Owner				
(Last) 125 WEST 55T	(First) H STREET	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 06/07/2016		Officer (give title below)	Other (specify below)				
(Street) NEW YORK NY 10019 (City) (State) (Zip)		10019 (Zip)	 4. If Amendment, Date of Original Filed (Month/Day/Year) 	6. Indiv Line) X	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										

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	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)
common shares (opening balance)								12,727	D	
common shares	06/07/2016		М		3,981 ⁽⁴⁾	Α	\$0.00	16,708	D	

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

1. Title of Derivative 2. 3. Transaction 3A. Deemed 4. Derivative Conversion Date Execution Date, Transaction			5. Number of Derivative		6. Date Exercisable and Expiration Date		7. Title and Amount of		8. Price of Derivative	9. Number of derivative	10. Ownership	11. Nature of Indirect			
Security (Instr. 3)	or Exercise Price of Derivative Security	(Month/Day/Year)	if any (Month/Day/Year)	Code (8)				(Month/Day/Year)		Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s)	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)		
restricted share units ⁽¹⁾	(2)	06/07/2016		А		3,981 ⁽³⁾		06/07/2016	07/07/2016	common shares	3,981	(2)	3,981	D	
restricted share units ⁽¹⁾	(2)	06/07/2016		М			3,981 ⁽⁴⁾	06/07/2016	07/07/2016	common shares	3,981	(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. Pompadur 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. Pompadur's restricted stock unit balance for this grant after this transaction. Mr. Pompadur's total outstanding option and long share balances after this transaction will be 34,108 and 16,708 respectively.

Remarks:

Martin Pompadur ** 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.

06/09/2016 Date