SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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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* 2. Date Requiri SETTLE DANA R (Month) 07/10/ 07/10/		nent 📘	3. Issuer Name and Ticker or Trading Symbol <u>IMAX CORP</u> [IMAX]					
(Last) (First) (Middle) 1375 EAST 6TH STREET, UNIT #1				tionship of Reporting Perso all applicable) Director			5. If Amendment, Date of Original Filed (Month/Day/Year)	
(Street) LOS CA 90021 ANGELES (Zip)				Officer (give title below)	Other (spe below)		Applicable Line) X Form filed b	t/Group Filing (Check by One Reporting Person by More than One verson
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership		4. Nature of Indirect Beneficial Ownership (Instr. 5)	
common shares				0 ⁽¹⁾	D			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
Expiratio				3. Title and Amount of Securit Underlying Derivative Security		4. Convers or Exerc	se Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
Explanation of Responses:	Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price of Derivativ Security	Direct (D) e or Indirect (I) (Instr. 5)	

1. Ms. Settle became a Director of IMAX Corporation on July 10, 2015. No IMAX securities are benefically owned.

Remarks:

Dana Settle ** Signature of Reporting Person 07/20/2015 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 5 (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.