FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL												
OMB Number:	3235-0287											
Estimated average burden												
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* <u>Sparacio Joseph</u>				2. Issuer Name and Ticker or Trading Symbol IMAX CORP [IMAX]								5. Relationship of Report (Check all applicable) Director X Officer (give title			on(s) to Iss 10% Ov Other (s	wner		
	ORPORAT	,	(Middle)	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/31/2021									below) m CFO		
(Street) NEW YO	ORK N	Y	10010-60 (Zip)	02	4.	If Ame	endme	ent, Date of	Original	I Filed	(Month/Day	/Year)	Line	S. 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																	
1. Title of Security (Instr. 3) 2. T			2. Trans	nsaction h/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4		I (A) or	5. Amoui	s ally following	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price	Transact (Instr. 3 a	ion(s)			(Instr. 4)	
common shares (opening balance)													0			D		
common shares 12				12/3	1/202	/2021					29,761 ⁽¹⁾ A		\$0.00	29,761			D	
common shares 12/3			1/202	2021			F		15,838 ⁽²⁾ D		\$17.8	13,923			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	Date (Month/Day/Year) if	if any		4. Transaction Code (Instr. 8)				6. Date Exerc Expiration Da (Month/Day/Y		ite	7. Title ar Amount of Securitie Underlyin Derivativ Security and 4)	of s ng e	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported	Owne Form: Direct or Ind (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)			
restricted share units ⁽³⁾	\$0.00 ⁽⁴⁾	12/31/2021			M			29,761 ⁽¹⁾	(5)		(5)	common shares	29,761	\$0.00 ⁽⁴⁾	0(6)		D	

Explanation of Responses:

- 1. Represents the conversion upon vesting of restricted share units into common shares.
- 2. Mr. Sparacio is reporting the withholding of common shares to satisfy the tax withholding obligations in connection with the delivery of common shares upon conversion of the restricted share units.
- 3. Each restricted share unit represents a contingent right to receive one common share of IMAX Corporation.
- 4. Each restricted share unit is the economic equivalent of one common share of IMAX Corporation.
- $5. \ The \ restricted \ share \ units \ vested \ and \ converted \ to \ common \ shares \ on \ December \ 31, \ 2021.$
- 6. This represents the number of restricted share units for this transaction only. Mr. Sparacio's aggregate remaining outstanding restricted share unit and common share balances following this transaction will be 0 and 13,923 respectively.

Remarks:

/s/ Joseph Sparacio

01/03/2022

** 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.