FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
1	Estimated average burden									

0.5

hours per response:

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

Name and Address of Reporting Person* McClymont Patrick						2. Issuer Name and Ticker or Trading Symbol IMAX CORP [IMAX]								Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
	.ast) (First) (Middle) 10 E. 59TH STREET UITE 2100						3. Date of Earliest Transaction (Month/Day/Year) 03/07/2017								Officer (give title below) CFO & EVP,			Other (specify below)		
(City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line) X	· '					
		Tab	le I - Nor	-Deriv	/ative	e Se	curities	Acq	uired,	Disp	osed o	f, or B	enefic	cially	Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.			. Securities Acquired (A) isposed Of (D) (Instr. 3,)				es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)		ice		ransaction(s) Instr. 3 and 4)			(Instr. 4)	
common shares (opening balance)															0		D			
		7	Table II - I								sed of, onvertil				wned			,		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day)	Date,	4. Fransaction Code (Instr. 3)		n of		6. Date Exercisa Expiration Date (Month/Day/Yea		•	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		S (I	. Price of Perivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisab		Expiration Date	Title	Amo or Num of Shar	ber						
restricted share units ⁽¹⁾	(2)	03/07/2017			A		31,202		(3)	1	2/01/2020	commor shares	31,2	202	(2)	31,202 ⁽	(5)	D		
stock options (to buy)	\$32.45	03/07/2017			A		37,836		(4)	0	03/07/2024	commor shares	37,8	336	\$32.45	37,836 ⁽	5)	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 four installments: 6,240 on March 7, 2018; 7,801 on each of March 7, 2019 and March 7, 2020 and 9,360 on December 1, 2020.
- 4. The stock options become exercisable in four installments: 7,567 on March 7, 2018, 9,459 on each of March 7, 2019 and March 7, 2020 and 11,351 on March 7, 2021.
- 5. This represents the number of shares for this transaction only. Mr. McClymont's aggregate remaining outstanding option and restricted share unit balances following this transaction will be 53,559 and 42,917 respectively.

Remarks:

Patrick McClymont

03/09/2017

** 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.