FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	20549
vvasiliigton,	D.C.	20049

STATEMENT	OF CHANGES	S IN BENEFICIAI	OWNERSHIP

	OMB APPROVAL								
	OMB Number:	3235-0287							
	Estimated average b	urden							
-	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* Pamon Steve (Last) (First) (Middle) C/O IMAX CORPORATION 902 BROADWAY, 20TH FLOOR (Street) NEW YORK NY 10010-6002						2. Issuer Name and Ticker or Trading Symbol IMAX CORP [IMAX] 3. Date of Earliest Transaction (Month/Day/Year) 06/10/2022 4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Inc	S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (specify below) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(8	State)	(Zip)														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
Date			2. Transact Date (Month/Day	Execution Date,		n Date,	Transaction Disposed O		s Acquired (A) or f (D) (Instr. 3, 4 and 5		Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 and	on(s)			1115(f. 4)	
common shares (opening balance)												5,585			D		
common shares 06/1				06/10/2	/2022		M		7,348(1)	7,348 ⁽¹⁾ A \$0		12,933			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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	Code	action (Instr.			ative Expiration Date (Month/Day/Year) Amount of Securities red (A) or sed of (D) Derivative		of s ng	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)			
restricted share units ⁽³⁾	\$0.00 ⁽²⁾	06/10/2022		A		7,348 ⁽⁴⁾		(5)		(5)	common shares	7,348	(2)	7,34	8	D	
restricted share units ⁽³⁾	\$0.00 ⁽²⁾	06/10/2022		М			7,348 ⁽¹⁾	((5)	(5)	common shares	7,348	(6)	0		D	

Explanation of Responses:

- 1. Represents the conversion upon vesting of restricted share units into common shares.
- 2. Each restricted share unit is the economic equivalent of one common share of IMAX Corporation.
- 3. Each restricted share unit represents a contingent right to receive one common share of IMAX Corporation
- 4. Mr. Pamon received a grant of restricted share units in connection with his membership on the IMAX Corporation Board of Directors.
- 5. The restricted share units vest and convert to common shares on the date of grant, June 10, 2022.
- 6. Pursuant to Instruction 4(C)(iii), this response has been left blank.

Remarks:

/s/ Steve Pamon

06/13/2022

** 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.