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 30(h) of the r So

VAL					
3235-0287					
Estimated average burden					
0.5					

			or becault bo(ii) of the investment company rise of 1040	
1. Name and Addre	1 0	Person*	2. Issuer Name and Ticker or Trading Symbol <u>IMAX CORP</u> [IMAX]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner
(Last) 983 PARK AVE	(First) 5, #10A	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 06/07/2016	Officer (give title Other (specify below) below)
(Street) NEW YORK	NY	10028	4. If Amendment, Date of Original Filed (Month/Day/Year)	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)	(State)	(Zip)		
		Table I - Non-D	erivative Securities Acquired, Disposed of, or Bene	ficially 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)	Transaction Code (Instr.		4. Securities A Disposed Of (5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
Code V Amount		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)				
common shares (opening balance)								17,727	D	
common shares	06/07/2016		М		3,981 ⁽⁴⁾	Α	\$0.00	21,708	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 Date, if any (Month/Day/Year)	4. Transa Code (8)		5. Numbe Derivativ Securitie Acquired Disposed (Instr. 3, 4	e s I (A) or I of (D)	Expiration Date // (Month/Day/Year)		Expiration Date		n Date Amount of		8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported	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		Transaction(s) (Instr. 4)				
restricted share units ⁽¹⁾	(2)	06/07/2016		A		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. Braun 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. Braun's restricted stock unit balance for this grant after this transaction. Mr. Braun's total outstanding option and long share balances after this transaction will be 24,000 and 21,708 respectively.

Remarks:

<u>Neil S. Braun</u>
tt Cinnetium of Departing

06/09/2016

** 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.