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	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
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

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

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>LISTER ROBERT D</u>					2. IN	2. Issuer Name and Ticker or Trading Symbol  IMAX CORP [ IMAX ]								eck all appli Direct	ationship of Reporting all applicable) Director Officer (give title		son(s) to Iss 10% Ov Other (s	wner
(Last) 110 EAST SUITE 21	Г 59TH ST	(First) (Middle) STREET				Date o		iest Trans	action (M	lonth	n/Day/Year)		helow)	below) bel Chief Legal & Chief Bus			ow) (wo	
(Street)  NEW YC  (City)		state)	10022 (Zip)		-				·		ed (Month/Day	Line	5. Individual or Joint/Group Filing (Check Applicatine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)				ction	on 2A. Deemed Execution Date,			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			5. Amor Securiti Benefic Owned	int of es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code \	<i>,</i>	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
common shares 09/01/2				2015	)15			С		5,750(1)	A	\$13.38	3 18	,801		D		
common shares 09/01/2				2015	)15			С		6,000(1)	A	\$20.25	5 24	,801		D		
common shares 09/01/20				2015	)15			S		11,750(1)	D	\$30.349	94 13	3,051		D		
			Table II								posed of, convertib			Owned		,		
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transa Code ( 8)				6. Date Exercisable Expiration Date (Month/Day/Year)		ate	e and 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	ode V		(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)			
options (to buy)	\$13.38	09/01/2015			С			5,750 <sup>(1)</sup>	12/31/2	014	12/31/2016	common shares	5,750	\$13.38	40,250	(2)	D	
options (to	\$20.25	09/01/2015			С			6.000 <sup>(1)</sup>	01/09/2	014	01/09/2019	common	6,000	\$20.25	70,000	(3)	D	

## **Explanation of Responses:**

- 1. Stock options were exercised and sold as common shares pursuant to Rule 10b5-1 Sales Plan adopted on March 16, 2015. Mr. Lister's 10b5-1 Sales Plan is scheduled to terminate on April 29, 2016.
- 2. This represents the remaining balance of the options granted on the issue date, December 31, 2009, following this transaction. Mr. Lister's aggregate remaining outstanding option and RSU balance following today's transactions will be 253,467 and 44,154 respectively.
- 3. This represents the remaining balance of the options granted on the issue date, January 9, 2012, following this transaction. Mr. Lister's aggregate remaining outstanding option and RSU balance following today's transactions will be 253,467 and 44,154 respectively.

## Remarks:

Robert D Lister

09/03/2015

\*\* 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.