FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-028								
Estimated average b	ourden								

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 or Section 30(h) of the Investment Company Act of 1940

hours per response: 0.5

1. Title of Derivative Security (Instr. 3)  2. Conversior or Exercise Price of Derivative Security	ise (Month/Day/Year) /e	3A. Deemed Execution Date, if any		4. Transa Code ( 8)	action	5. Number n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e Oriss Fo	D. wnership orm: irect (D) r Indirect ) (Instr. 4)	Beneficial Ownership ect (Instr. 4)		
common shares 07/08/2  Table II - Deriva					ative										.000		)		
				07/11/					С		12,000	A	\$3.04	_	14,000		)		
Date			2. Transa Date (Month/D		Exe ay/Year) if ar		A. Deemed xecution Date, any Month/Day/Year)		ction nstr.		s Acquired (A) or of (D) (Instr. 3, 4 and		Benefic	es ially Following ed etion(s)	6. Owne Form: D (D) or In (I) (Instr	Direct of direct of 1.4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
(City)	(S	tate)	(Zip) ole I - N	on-Deri	vativ	e Sec	curit	ies Ac	quirec	l, Di	sposed o	f, or Be	neficial	ly Owne	k				
(Street) MISSISSAUGA A6 L5K 1B1					_	,,							- 1	Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
C/O IMAX CORP					_ 4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Last) 2525 SP	.ast) (First) (Middle) 525 SPEAKMAN DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 07/08/2005								below	Admin &	Human	below) Resour		
1. Name and Address of Reporting Person* SULLIVAN MARY C					2. Issuer Name and Ticker or Trading Symbol IMAX CORP [ IMAX ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify						

**Explanation of Responses:** 

Mary Sullivan

07/11/2005

\*\* 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.