FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

(ОМВ	APPROVAL

OMB Number: 3235-0287 Estimated average burden 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* <u>GELFOND RICHARD L</u>						2. Issuer Name and Ticker or Trading Symbol IMAX CORP [IMAX]								(Chec	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) 110 EAS' SUITE 2	T 59TH ST	rirst) REET	(Middle)	Middle)				rliest Transa	lonth/	Day/Year)	- X	X Officer (give title Other (spelow) Chief Executive Officer								
(Street)					4.										6. Individual or Joint/Group Filing (Check Applicate Line) X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(S	State)	(Zip)		-										Person	ou by 1110.	o urar	ono riopori	9	
		Та	ıble I - No	n-Der	rivati	ve S	ecur	ities Acc	quired	, Dis	sposed o	f, or Be	nefi	cially	Owned					
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Yea		Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (Disposed Of (D) (Instr.		ed (A) o tr. 3, 4	or and 5)	5. Amount Securities Beneficial Owned Fo Reported	,	6. Owners Form: Dire (D) or Indir (I) (Instr. 4)	Direct II Indirect B tr. 4) C	Nature of direct eneficial wnership			
									Code	v	Amount	(A) o (D)	r Pi	rice	Transactio (Instr. 3 an			"	nstr. 4)	
common s	shares			12/2	28/200)9			С		10,000	1) A	,	\$2.88	566,	650		D		
common	shares			12/2	28/200)9			S		10,000	1) D	\$	12.59	556,0	650		D		
common shares			12/29/2009)9			С		10,000	1) A		\$2.88	566,650		0 D				
common shares				12/29/2009					S		10,000	1) D	\$	12.73	556,650		0 D			
common shares			12/30/2009)9			С		10,000	A		\$2.88	566,	550 D		D			
common shares			12/30/2009)9			S		10,000	1) D	\$	313.37	556,0	650		D			
common shares															50,000			I 2	y Gelfond 001 Children's Trust"	
common shares														25,0	950		I "	y Pamela Gelfond Trust"		
common shares														25,050			I "	y Claudia Gelfond Trust"		
common shares														128,'	750		I "	y Richard Gelfond RA"		
			Table II -								osed of, convertib				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)	l Pate,	4. Transaction Code (Instr. 8)		5. Number of Derivative		6. Date Exerci Expiration Dat (Month/Day/Ye		sable and te	7. Title and An of Securities Underlying Derivative Sec (Instr. 3 and 4)		ount	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Beneficia Owned Followin Reported Transact	e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v			Date Exercisa	able	Expiration Date	Title		ount or ober of res		(Instr. 4)				
stock options (to buy)	\$2.88	12/28/2009			С			10,000(1)	04/01/2009		12/11/2018	common shares	10,	\$2.88		490,000		D		
stock options (to buy)	\$2.88	12/29/2009			С		Ц	10,000 ⁽¹⁾	04/01/2009		12/11/2018	common shares			\$2.88	480,000		D		
stock options (to buy)	\$2.88	12/30/2009			С			10,000 ⁽¹⁾	04/01/2009		12/11/2018	common shares	10	,000	\$2.88	470,000		D		

Explanation of Responses:

Richard L Gelfond

12/30/2009

** 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.