SEC Form 4

1

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

			or Section 30(h) of the Investment Company Act of 1940			
1. Name and Addro LISTER RO	ess of Reporting Po BERT D	erson*	2. Issuer Name and Ticker or Trading Symbol <u>IMAX CORP</u> [IMAX]		tionship of Reporting Pe (all applicable) Director Officer (give title	erson(s) to Issuer 10% Owner Other (specify
(Last) 110 EAST 59T SUITE 2100	(First) ST 59TH STREET 2100	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 02/21/2017		below) Chief Legal & Ch	
(Street) NEW YORK (City)	NY (State)	10022 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	ridual or Joint/Group Fili Form filed by One Re Form filed by More th Person	porting Person

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)				4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			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								23,049	D				
common shares	02/21/2017		М		6,434(1)	A	\$0.00 ⁽¹⁾	29,483	D				
common shares	02/21/2017		F		2,439 ⁽²⁾	D	\$30.9	27,044	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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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 of 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	\$0.00 ⁽¹⁾	02/21/2017		М			6,434 ⁽¹⁾	02/21/2017	03/23/2018	common shares	6,434	\$0.00 ⁽¹⁾	6,434 ⁽³⁾	D	

Explanation of Responses:

1. Represents the conversion upon vesting of restricted share units into common shares. Each restricted share unit represented a contingent right to receive one common share of IMAX Corporation.

2. Mr. Lister is reporting the withholding by IMAX Corporation of 2,439 common shares to satisfy his tax withholding obligations in connection with the delivery of the converted common shares.

3. This represents the remaining balance of the RSUs granted on the issue date, February 21, 2014, following this transaction. Mr. Lister's aggregate remaining outstanding option, restricted share unit and common share balances following this transactions will be 223,737; 67,472 and 27,044 respectively.

Remarks:

** Signature of Reporting Person

02/23/2017

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.

Robert D Lister

Date