

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPROVAL	
OMB Number:	3235-0287
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1. Name and Address of Reporting Person* <u>GELFOND RICHARD L</u> (Last) (First) (Middle) 902 BROADWAY 20TH FLOOR (Street) NEW YORK 10010-6002 (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>IMAX CORP [IMAX]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) Chief Executive Officer
	3. Date of Earliest Transaction (Month/Day/Year) 12/09/2017	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

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)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
common shares (opening balance)								140,309	D	
common shares								7,550	I	by "Pamela Gelfond Trust"
common shares								7,550	I	by "Claudia Gelfond Trust"
common shares	12/09/2017		M		64,742 ⁽¹⁾	A	\$0.00	205,051	D	
common shares	12/11/2017		S		36,348 ⁽²⁾	D	\$23.9685	168,703	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 Transaction(s) (Instr. 4)	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
restricted share units ⁽³⁾	\$0.00 ⁽⁴⁾	12/09/2017		M		64,742 ⁽¹⁾		12/09/2017	01/09/2019	common shares	64,742	\$0.00 ⁽⁴⁾	64,742 ⁽⁵⁾	D	

Explanation of Responses:

- Represents the conversion upon vesting of restricted share units into common shares. Each restricted share unit represents a contingent right to receive one common share of IMAX Corporation.
- Mr. Gelfond is reporting the sale of 36,348 common shares to satisfy the tax withholding obligations in connection with the delivery of common shares upon conversion of the restricted share unit transaction.
- Each restricted share unit represents a contingent right to receive one common share of IMAX Corporation.
- Each restricted share unit is the economic equivalent of one common share of IMAX Corporation.
- This represents the number of restricted share units for this transaction only. Mr. Gelfond's aggregate remaining outstanding option, restricted share unit and common share balances following this transaction will be 2,420,689; 260,588 and 168,703 respectively.

Remarks:

Richard L. Gelfond 12/11/2017
 ** 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.