FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	.,	-	

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average b	urden									

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 assessment to Continue 10(a) of the Constition Funbaneous Act of 1004

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>SETTLE DANA R</u>					2. Issuer Name and Ticker or Trading Symbol IMAX CORP [IMAX]									ck all applica	tionship of Reporting all applicable) Director		Person(s) to Issuer 10% Owner		
(Last) (First) (Middle) 1375 EAST 6TH STREET, UNIT #1						3. Date of Earliest Transaction (Month/Day/Year) 06/06/2019								Officer (below)	give title		Other (sp below)	pecify	
(Street) LOS ANGELES CA 90021					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								ndividual or Joint/Group Filing (Check Applicable b) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)										<u> </u>						
1. Title of Security (Instr. 3) 2. Tr. Date				2. Trans	Saction 2A. Deer Execution (Day/Year) if any		2A. Deemed Execution Date,		3. 4.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4		(A) or	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct In Indirect E tr. 4) C	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 ar			[(Instr. 4)	
common shares (opening balance)													17,653			D			
common	shares			06/0	6/20)19			M		6,157(1)	A	\$0.00	23,8	23,810		D		
			Table II -								sed of, o			wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Dat if any (Month/Day/Yo	Co	Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exer Expiration D (Month/Day/		ate	7. Title ar Amount of Securities Underlying Derivative Security and 4)	of s ng e	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Co	ode	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(3)			
restricted share units ⁽²⁾	(3)	06/06/2019		1	A		6,157 ⁽⁴⁾		06/06	5/2019	(5)	common shares	6,157	(3)	6,157		D		
restricted share units ⁽²⁾	(3)	06/06/2019		N	М			6,157 ⁽¹⁾	06/06	5/2019	(5)	common shares	6,157	(3)	0(6)		D		

Explanation of Responses:

- 1. Represents the conversion upon vesting of restricted share units into common shares.
- 2. Each restricted share unit represents a contingent right to receive one common share of IMAX Corporation.
- $3. \ Each \ restricted \ share \ unit \ is \ the \ economic \ equivalent \ of \ one \ common \ share \ of \ IMAX \ Corporation.$
- $4.\ Ms.\ Settle\ received\ a\ grant\ of\ restricted\ share\ units\ in\ connection\ with\ her\ membership\ on\ the\ IMAX\ Corporation\ Board\ of\ Directors.$
- 5. The restricted share units vest and convert to common shares on the date of grant, June 6, 2019.
- 6. This represents Ms. Settle's restricted share unit balance for this grant after this transaction. Ms. Settle's total common share balance following this transaction will be 23,810.

Remarks:

<u>Dana Settle</u> <u>06/10/2019</u>

** 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.