FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| l | OMB APPROVAL | | | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|--|--|
| l | OMB Number: | 3235-0287 | | | | | | | | | | |
| l | Estimated average burden | | | | | | | | | | | |

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. Name and Address of Reporting Person* KEIGHLEY DAVID B | | | | | | 2. Issuer Name and Ticker or Trading Symbol IMAX CORP [IMAX] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| | | | | | | | | | | | | | Directo | or | 10% Owner | | ner | |
| (Last) (First) (Middle) | | | | | | | | | | | | _ | X Officer below) | (give title | Other (specify below) | | pecify | |
| (Last) | ` | , | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | Senior VP | | | | | | | |
| 3003 EXPOSITION BLVD | | | | | | 08/25/2005 | | | | | | | | | | | | |
| C/O DKP 70 MM | | | | | | | | | | | | | | | | | | |
| (Street) | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| SANTA | C A 90404 | | | | | | | | | | | X Form filed by One Reporting Person | | | | | | |
| MONIC | | | 90404 | | | | | | | | | Form filed by More than One Reporting | | | | | | |
| | | | | | | | | | | | | | Persor | | , unan c | One Repor | ung | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | |
| | | Tab | le I - Non-D | erivativ | e Sec | curities | S Ac | quired, D | ispos | ed o | f, or Be | neficial | ly Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date, | | | Code (Instr. 5) | | | | ed (A) or str. 3, 4 and | Beneficia Owned F | es Form fally (D) (Following (I) (I | | Direct c ndirect E r. 4) C | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code V | Am | Amount | | Price | Reported Transact (Instr. 3 a | ion(s) | | | (Instr. 4) | |
| | | 7 | Table II - Der (e.g | | | | | uired, Dis , options | | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code | | | | 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 Beneficially Owned Following Reported Transaction (Instr. 4) | y C | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expira Date | ation | Title | Amount or Number of Shares | | | | | | |
| stock options (to buy) | \$9.59 | 08/25/2005 | | A | | 16,000 | | (1) | 08/25/ | 2012 | common shares | 16,000 | \$9.59 | 16,000 | | D | | |

Explanation of Responses:

 $1.\ The\ stock\ options\ become\ exercisable\ in\ five\ installments:\ 1,600\ on\ August\ 25,\ 2006;\ 2,400\ on\ August\ 25,\ 2007;\ 3,200\ on\ August\ 25,\ 2008;\ 4,000\ on\ August\ 25,\ 2009;\ and\ 4,800\ on\ August\ 25,\ 2010.$

David B. Keighley

08/29/2005

** 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.