**IMAX CORP** Form 4 March 11, 2014

# FORM 4

Section 16.

Form 4 or

Form 5

#### **OMB APPROVAL** UNITED STATES SECURITIES AND EXCHANGE COMMISSION **OMB**

### Washington, D.C. 20549 Check this box if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to

3235-0287 Number: January 31, Expires:

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**SECURITIES** 

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* Cripps Andrew

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

IMAX CORP [IMAX]

(Check all applicable) Director

(Middle) (Last) (First)

(Month/Day/Year)

(Zip)

3. Date of Earliest Transaction (Month/Day/Year)

10% Owner Other (specify

C/O IMAX CORPORATION, 110

03/07/2014

Officer (give title

6. Individual or Joint/Group Filing(Check

EAST 59TH STREET, SUITE 2100

(Street)

(State)

below) **Executive Vice President** 

4. If Amendment, Date Original

Applicable Line)

Filed(Month/Day/Year)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

(Instr. 4)

Person

NEW YORK, NY 10022

(City)

(Instr. 3)

1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year)

3. 4. Securities Execution Date, if TransactionAcquired (A) or Code Disposed of (D)

(Instr. 8)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 5. Amount of Securities Beneficially Owned

Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (I)

(Instr. 4)

Reported (A)

Transaction(s) (Instr. 3 and 4)

Code V Amount (D) Price

(Instr. 3, 4 and 5)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of 3. Transaction Date 3A. Deemed 4. 5. Number 6. Date Exercisable and 7. Title and Amount Derivative Conversion (Month/Day/Year) Execution Date, if Transaction of Derivative Expiration Date of Underlying Security or Exercise any Code Securities (Month/Day/Year) Securities

8.

De

Se

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)		Acquire (A) or Dispose (D) (Instr. 3, and 5)	d of			(Instr. 3 and	4)	(
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
restricted share units (1)	<u>(2)</u>	03/07/2014		A		2,336		(3)	03/07/2018	common shares	2,236	

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Cripps Andrew C/O IMAX CORPORATION 110 EAST 59TH STREET, SUITE 2100 NEW YORK, NY 10022

**Executive Vice President** 

### **Signatures**

Andrew Cripps 03/10/2014

\*\*Signature of Reporting Person Date

# **Explanation of Responses:**

- \* 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).
- (1) Each restricted share unit represents a contigent right to receive one common share of IMAX Corporation.
- (2) Each restricted share unit is the economic equivalent of one common share of IMAX Corporation.
- (3) The restricted share units vest and will be converted to common shares in four installments 467 on March 7, 2015; 584 on each of March 7, 2016 and March 7, 2017 and 701 on March 7, 2018.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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