Edgar Filing: IMAX CORP - Form 4

| IMAX COF | RP | | | | | | | | | | |
|--|--|-------------------|--|--------------------------------------|----------------------------|-----------|------------|---|---------------------------------------|--------------------------|--|
| Form 4 | | | | | | | | | | | |
| February 24 | , 2015 | | | | | | | | | | |
| FORM | | OT ATE | SECU | DITIES | AND EV | CITA | NCEC | OMMERION | | PPROVAL | |
| | | SIAIE | | | AND EX 1, D.C. 20 | | NGE C | OMMISSION | OMB Number: | 3235-0287 | |
| Check the | his box | | vv a | siningtoi | I, D.C. 20 | 547 | | | | January 31 | |
| if no lor | - NIATH | MENT O | F CHAN | NGES IN | BENEF | ICIA | LOWN | NERSHIP OF | Expires: 20 | | |
| subject section | 10 | | | SECURITIES | | | | | Estimated average burden hours per | | |
| Form 4 | | | | | | | | | response 0. | | |
| Form 5 | Filed pu | irsuant to | Section 1 | 16(a) of t | he Securit | ties E | xchange | e Act of 1934, | · | | |
| obligation obliga | | | | • | • | · · | | 1935 or Section | 1 | | |
| See Inst | | 30(h) | of the I | nvestmer | t Compar | iy Ac | t of 194 | 0 | | | |
| 1(b). | | | | | | | | | | | |
| (Print or Type | Responses) | | | | | | | | | | |
| (I fint of Type | (Caponaea) | | | | | | | | | | |
| 1. Name and | Address of Reporting | g Person <u>*</u> | 2. Issue | er Name and Ticker or Trading | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| Cripps Andrew Symbo | | | | | u 1101101 01 | | -6 | | | | |
| | | | | CORP [] | [MAX] | | | | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Check | | | | | k all applicable) | | | |
| . , | , , , , , , , , , , , , , , , , , , , | . , | | n/Day/Year) | | | | Director 10% Owner | | | |
| C/O IMAX | CORPORATIO | N, 110 | 02/20/2 | 2015 | | | | Officer (give | title Othe below) | er (specify | |
| EAST 59T | H STREET, SUI | TE 2100 | | | | | | below) Executi | ve Vice Preside | ent | |
| | (Street) | | 4. If Am | endment. I | Date Origina | 1 | | 6. Individual or Jo | int/Group Filin | g(Check | |
| · · · · · · · · · · · · · · · · · · · | | | | (Month/Day/Year) | | | | Applicable Line) | | | |
| | | | | | | | | _X_ Form filed by C | | | |
| NEW YOR | RK, NY 10022 | | | | | | | Form filed by M Person | lore than One Re | porting | |
| (City) | (State) | (Zip) | Tab | la I Non | Domissotivo | Soon | itias A ag | uired, Disposed of | on Donoficial | ly Owned | |
| 1 (T): (1) | | | | | | | _ | | | - | |
| 1.Title of Security | 2. Transaction Dat (Month/Day/Year) | | | 3. Transacti | 4. Securit ion(A) or Di | | | 5. Amount of Securities | 6. Ownership | 7. Nature of Indirect | |
| (Instr. 3) | (1101111)2 uj, 1011 | any | | Code | (Instr. 3, 4 | - | | Beneficially | Form: Direct | • | |
| | | (Month/I | Day/Year) (Instr. 8) | | | | | Owned | Ownership | | |
| | | | | | | | | Following Reported | Indirect (I) (Instr. 4) | (Instr. 4) | |
| | | | | | | (A) | | Transaction(s) | (Insur I) | | |
| | | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | | |
| common | 02/20/2015 | | | | | | | 50 249 | D | | |
| shares | 02/20/2015 | | | С | 50,000 | А | \$ 24.7 | 50,248 | D | | |
| common | | | | | | | \$ | | | | |
| shares | 02/20/2015 | | | S | 50,000 | D | ф 34.79 | 248 | D | | |

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

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 control number.

Edgar Filing: IMAX CORP - Form 4

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. Transacti Code (Instr. 8) | 5. Number of orDerivative 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 Underlying Securities (Instr. 3 and 4) | |
|---|---|---|---|---------------------------------------|--|--------|--|--------------------|--|-------------------------------------|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| stock options (to buy) | \$ 24.7 | 02/20/2015 | | С | | 50,000 | 02/27/2013 | 02/27/2017 | common shares | 50,000 |

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 02/23/2015

**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).

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.