### Edgar Filing: IMAX CORP - Form 4

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Form 4											
March 14, 20	014										
FORM	14	CTATE	SCECUE	TTIEC A	ND EV(	<b>.</b>	NCE	COMMERION	<b>.</b>	PPROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check th			V V CL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	D.C. 20					January 31	
if no long subject to		MENT O	F CHAN	GES IN I	BENEFI	CIA	LOW	<b>NERSHIP OF</b>	Expires:	2005	
Section 1				SECURITIES					Estimated average burden hours per		
Form 4 c										response 0.8	
Form 5 obligatio	-							ge Act of 1934,			
may cont	tinue. Section 17			•	•	· ·		of 1935 or Sectio	n		
See Instr	ruction	30(n)	) of the In	vestment	Compan	y Ac		40			
1(b).											
(Print or Type I	Responses)										
BONNICK BRIAN Symbol				Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
					<b>F A 3</b> 71						
			IMAX	CORP [IN	IAXJ			(Che	ck all applicabl	e)	
(Last)	(First) (	Middle)	3. Date of Earliest Transaction				<b>D</b>	100	* 0		
2525 SPFA	KMAN DRIVE,	C/0	(Month/D 03/13/2	-				Director Officer (give		% Owner her (specify	
	RPORATION	0	03/13/2	014				below)	below)	i.	
									Fechnology Off		
				If Amendment, Date Original iled(Month/Day/Year)				6. Individual or Joint/Group Filing(Check			
			rileu(Mor	iin/Day/Year)	)			Applicable Line) _X_ Form filed by	One Reporting P	erson	
MISSISSA	UGA, A6 L5K 11	B1						Form filed by I Person	More than One R	eporting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Secur	ities Ac	quired, Disposed o	of, or Beneficia	lly Owned	
1.Title of	2. Transaction Dat	te 2A. Dee	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)		Execution Date, if		TransactionAcquired (A) or			Securities	Form: Direct	Indirect	
(Instr. 3)		any (Month/	/Day/Year)	CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)				Beneficially Owned	D) or indirect (I)	Beneficial Ownership	
		(intolicity	Duj, i cui)	(111541: 0)	(11501.5,	i una	5)	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
						or	р.	(Instr. 3 and 4)			
common				Code V	Amount	(D)	Price				
shares								100	D		
					2 260						
common shares	03/13/2014			М	2,269 (1)	А	\$0	2,369	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.

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# 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 on f Derivativ Securities Acquired (A) or Disposed or (D) (Instr. 3, 4, and 5)	e Expiration Da (Month/Day/Y	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount8of Underlying1Securities8(Instr. 3 and 4)6	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
restricted share units	\$ 0 <u>(1)</u>	03/13/2014		М	2,26	9 03/07/2014	12/01/2016	common shares	2,269	

## **Reporting Owners**

Reporting Owner Name / Address			Relationships		
	Director	10% Owner	Officer	Other	
BONNICK BRIAN 2525 SPEAKMAN DRIVE C/O IMAX CORPORATION MISSISSAUGA, A6 L5K 1B1			Chief Technology Officer		
Signatures					

Brian Bonnick 03/14/2014 <u>\*\*</u>Signature of Date Reporting Person

### **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) 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.

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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