### Edgar Filing: IMAX CORP - Form 4

IMAX COF Form 4 May 06, 20 <b>FORN</b> Check to if no lor subject Section Form 4 Form 5 obligation may cor <i>See</i> Inst 1(b).	14 <b>A 4</b> UNITED STATE his box his box his box to 16. or Statement ( Section 17(a) of the 30(f	Washington DF CHANGES IN SECU Section 16(a) of t	n, D.C. 20 N BENEF RITIES he Securit Iding Con	549 ICIAI ies Ex npany	L <b>OW</b> I schange Act of	NERSHIP OF e Act of 1934, 1935 or Sectior	OMB Number: Expires: Estimated a burden hou response	•	
(Print or Type	Responses)								
	Address of Reporting Person <u>*</u> ORICHARD L	Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol IMAX CORP [IMAX]				5. Relationship of Reporting Person(s) to Issuer		
(Last)	(First) (Middle)	-	3. Date of Earliest Transaction			(Check	c all applicable	:)	
110 EAST 2100	59TH STREET, SUITE	(Month/Day/Year) 05/02/2014				Director 10% Owner Officer (give title Other (specify below) Chief Executive Officer			
NEW YOF		If Amendment, Date Original iled(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting Person</li> </ul>				
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Dec (Month/Day/Year) Executi any (Month			sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
common shares						10,050	I	by "Claudia Gelfond Trust"	
common shares						10,050	I	by "Pamela Gelfond Trust"	
common shares	05/02/2014	М	14,994 (1)	А	\$0	160,519	D		
	05/02/2014	S		D		153,123	D		

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common	7,396	\$
shares	(2)	26.03

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 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)	Derivative Expiration Date Gecurities (Month/Day/Year) Acquired (A) or Disposed of D) Instr. 3, 4,		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
restricted share units	\$ 0 <u>(1)</u>	05/02/2014		М	14,994 (1)	05/01/2014	12/31/2016	common shares	14,994

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
GELFOND RICHARD L 110 EAST 59TH STREET SUITE 2100 NEW YORK, NY 10022			Chief Executive Officer			
Cignotures						

### Signatures

Richard L. Gelfond 05/05/2014 \*\*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).
- Represents the conversion upon vesting of restricted share units into common shares. Each restricted share unit represented a contingent (1)right to receive one common share of IMAX Corporation.

(2)

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Mr. Gelfond is reporting the sale of 7,396 common shares to satisfy his tax withholding obligations in connection with the delivery of common shares upon conversion of the restricted share units.

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.