## Edgar Filing: IMAX CORP - Form 4

IMAX COR	Р										
Form 4											
February 23.											
FORM	$14_{\text{UNITED}}$	STATES	SECUR	PITIFS A	ND FX(	<b>Ή</b> Δ	NGE	COMMISSION		PPROVAL	
		STATES		shington,			IUGE	COMMISSION	OMB Number:	3235-0287 January 31,	
Check th if no long subject to Section 1 Form 4 c	ger <b>STATE</b> 6. or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES									
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 193 Section 17(a) of the Public Utility Holding Company Act of 1935 or Se 30(h) of the Investment Company Act of 1940						f 1935 or Sectio	n				
(Print or Type ]	Responses)										
			2. Issuer Name <b>and</b> Ticker or Trading Symbol IMAX CORP [IMAX]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				(Chee	k an applicable	-)		
				(Month/Day/Year) 02/21/2017				Director       10% Owner         Officer (give title       Other (specify below)         Chief Legal & Chief Bus Dev			
	(Street)			ndment, Da hth/Day/Year)	-	l		6. Individual or Jo Applicable Line) _X_ Form filed by 0	One Reporting Pe	erson	
NEW YOR	K, NY 10022							Form filed by M Person	Iore than One Ro	eporting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Ac	quired, Disposed of	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	) Executio any	ned n Date, if Day/Year)	3. Transactio Code (Instr. 8) Code V	on(A) or Di (D) (Instr. 3,	spose	d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
common shares						(-)		23,049	D		
common shares	02/21/2017			М	6,434 (1)	А	\$ 0 (1)	29,483	D		
common shares	02/21/2017			F	2,439 (2)	D	\$ 30.9	27,044	D		

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

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#### 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. Transactio Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	vative Expiration Date es (Month/Day/Year) d d of		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 E S (1
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
restricted share units	\$ 0 <u>(1)</u>	02/21/2017		М	6,434 (1)	02/21/2017	03/23/2018	common shares	6,434	

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	s Relationships					
	Director	10% Owner	Officer	Other		
LISTER ROBERT D 110 EAST 59TH STREET SUITE 2100 NEW YORK, NY 10022			Chief Legal & Chief Bus Dev			

# Signatures

Robert D Lister02/23/2017\*\*Signature of<br/>Reporting PersonDate

# **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 represented a contingent right to receive one common share of IMAX Corporation.
- (2) Mr. Lister is reporting the withholding by IMAX Corporation of 2,439 common shares to satisfy his tax withholding obligations in connection with the delivery of the converted common shares.
- This represents the remaining balance of the RSUs granted on the issue date, February 21, 2014, following this transaction. Mr. Lister's aggregate remaining outstanding option, restricted share unit and common share balances following this transactions will be 223,737; 67,472 and 27,044 respectively.

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.