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LEEBRON E Form 4	DAVID W											
June 08, 2018	3											
FORM	S SECURITIES AND EXCHANGE COMMISSION						OMB APPROVAL					
Check this box if no longer subject to Section 16.			Washington, D.C. 20549						OMB Number:	3235-0287		
			F CHAN	GES IN I SECUR	Expires: Estimated burden hou	0						
Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	Filed ^{ns} Section	17(a) of the	Public Ut		ing Com	ipany	Act of	ge Act of 1934, of 1935 or Sectio 40	response	•		
(Print or Type R	lesponses)											
1. Name and Address of Reporting Person <u>*</u> LEEBRON DAVID W			2. Issuer Name and Ticker or Trading Symbol IMAX CORP [IMAX]				ıg	5. Relationship of Reporting Person(s) to Issuer				
(Last) (First) (Middle)			3. Date of Earliest Transaction					(Check all applicable)				
	ERSITY, OF DENT, 6100 S-1		(Month/D 06/06/20	-				Director Officer (give below)		& Owner er (specify		
HOUSTON,	(Street) TX 77005			ndment, Dat th/Day/Year)	-			6. Individual or Jo Applicable Line) _X_ Form filed by 0 Form filed by M Person	One Reporting P	erson		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	any	med on Date, if Day/Year)	3. Transactic Code (Instr. 8) Code V	Disposed (Instr. 3,	l (A) o l of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
common shares (opening balance)								1,300	I	by spouse		
common shares (opening balance)								73,859	D			
common shares	06/06/2018			М	5,787 (4)	А	\$0	79,646	D			

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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.

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 orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ative Expiration Date tites (Month/Day/Year) red (A) or sed of (D)		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 (1)	<u>(2)</u>	06/06/2018		А	5,787 <u>(3)</u>		06/06/2018	07/06/2018	common shares	5,787
restricted share units (1)	<u>(2)</u>	06/06/2018		М		5,787 (4)	06/06/2018	07/06/2018	common shares	5,787

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
BRON DAVID W						

LEEBRON DAVID W RICE UNIVERSITY, OFFICE OF THE PRESIDENT 6100 MAIN STREET MS-1 HOUSTON, TX 77005

Signatures

David W. 06/07/2018 Leebron

<u>**</u>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 represented 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.

Reporting Owners

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- (3) Mr. Leebron received a grant of restricted share units in connection with his membership on the IMAX Corporation Board of Directors.
- (4) Represents the conversion of vested restricted share units into common shares.
- (5) This represents Mr. Leebron's restricted stock unit balance for this grant after this transaction. Mr. Leebron's total stock option and long share balances after this transaction will be 14,949 and 79,646, 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.