Edgar Filing: RUBY G MARY - Form 4

| RUBY G M Form 4 | ARY | | | | | | | | | | |
|---|--|---|---|---|--------------------|-----------|-------------|---|------------------|----------|--|
| May 23, 201 | .1 | | | | | | | | | | |
| FORM | ПЛ | | | | | | | | OMB A | PPROVAL | |
| | STATES | | RITIES A shington, | OMB Number: | 3235-0287 | | | | | | |
| Check th if no long subject to Section 1 Form 4 of Form 5 obligation may con | ger o 16. or Filed pur ons tinue. Section 17(a) | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | |
| See Instr 1(b). | uction | 30(II) | | vestment | Compa | Iy At | 1 01 194 | ю | | | |
| (Print or Type] | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> RUBY G MARY | | | 2. Issuer Name and Ticker or Trading Symbol IMAX CORP [IMAX] | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) (N | Middle) | 3. Date of Earliest Transaction | | | | | (Check all applicable) | | | |
| 2525 SPEAKMAN DRIVE, C/O IMAX CORPORATION | | | (Month/Day/Year) 05/19/2011 | | | | | Director 10% Owner X Officer (give title Other (specify below) below) Chief Administrative Officer | | | |
| | | | | . If Amendment, Date Original iled(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| MISSISSA | UGA, A6 L5K 1E | 81 | | | | | | | fore than One Re | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-E |) erivative | Secur | rities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | any | | ed Date, if ay/Year) | (A) | | | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | Indirect (I) | | |
| | | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | | |
| common shares | 05/19/2011 | | | С | 6,500 | А | \$ 6.86 | 13,502 | D | | |
| common shares | 05/19/2011 | | | S | 8,000 | D | \$ 36.49 | 7,002 | D | | |
| common shares | | | | | | | | 7,002 | 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) | e 3A. Deemed Execution Date, if any (Month/Day/Year) | Code | 5. Number for Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | Expiration Date (Month/Day/Year) | | of Underlying Securities | | 8. P Der Sect (Ins |
|---|---|---|---|--------|--|-------------------------------------|--------------------|-----------------------------|--|-----------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| stock options to buy | \$ 6.86 | 05/19/2011 | | С | 6,500 | <u>(1)</u> | 12/31/2014 | common shares | 6,500 | \$ |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|------------------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| RUBY G MARY 2525 SPEAKMAN DRIVE C/O IMAX CORPORATION MISSISSAUGA, A6 L5K 1B1 | | | Chief Administrative Officer | | | | |

Signatures

G. Mary Ruby 05/19/2011 <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) The options became exercisable in two installments: 3,000 on December 31, 2008 and 3,500 on December 31, 2009.

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.