#### Edgar Filing: IRADIMED CORP - Form 4

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Form 4										
August 25, 2 <b>FORN</b> Check th if no lon subject to Section Form 4 Form 5 obligation may com <i>See</i> Instr 1(b).	<b>A</b> 4 UNITED his box his box his box to 16. or Filed pur Section 17(	<b>IENT OF CH</b> suant to Secti a) of the Publ	Washington HANGES IN SECUI on 16(a) of th	, D.C. 2 BENER RITIES ne Securi ding Co	0549 FICLA ities I mpan	AL OWN Exchange by Act of 1	Act of 1934, 1935 or Section	OMB Number: Expires: Estimated a burden hour response		
(Print or Type	Responses)									
			21 ibbaer i faine and i fener of i faamg				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			08/24/2015				XDirector10% Owner Officer (give titleOther (specify below)below)			
WINTER S	(Street) SPRINGS, FL 327	File	<sup>7</sup> Amendment, D d(Month/Day/Yea	-	al	-	5. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by Mo Person	ne Reporting Per	rson	
(City)	(State)	(Zip)	Table I - Non-l	Derivative	e Secu	rities Acqui	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date any (Month/Day/Yo	Code	omr Dispo (Instr. 3,	sed of 4 and (A) or		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 Stock	08/24/2015		S	3,125	D	\$ 25.0053	3,125	D		
Common Stock	08/25/2015		S	512	D	\$ 24.5688	2,613	D		
Common Stock	08/25/2015		S	2,613	D	\$ 24.716	0	D		

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

Persons who respond to the collection of<br/>information contained in this form are not<br/>required to respond unless the formSEC 1474<br/>(9-02)

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# 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)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	ate	7. Title Amour Underl Securit (Instr. 1	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

### **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships						
	Director	10% Owner	Officer	Other				
ALLEN MONTY K C/O IRADIMED CORP 1025 WILLA SPRINGS WINTER SPRINGS, FI	DR.	Х						
Signatures								
/s/ Monty K Allen	08/25/2	015						
<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).

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.