Edgar Filing: IRADIMED CORP - Form 4

IRADIMED	CORP								
Form 4 December 0	9, 2015								
FORM Check th if no lon subject t Section Form 4 of Form 5 obligation may con <i>See</i> Instr 1(b).	A 4 UNITED 5 his box ger o 16. or Filed pur Section 17(a	IENT OF C suant to Sec a) of the Pub	ECURITIES A Washington, CHANGES IN SECUR tion 16(a) of th blic Utility Hold the Investment	D.C. 20 BENEF TTIES e Securi ding Con)549 TICIA ties E	LOWN Exchange y Act of	Number:3235-020Number:January 3Expires:200Estimated averageburden hours perresponse000		
(Print or Type	Responses)								
1. Name and A Nardi Steve	mbol	Issuer IED CORP [IRMD]					f Reporting Person(s) to		
(Last) C/O IRADI CORPORA SPRINGS I	IMED TION, 1025 WIL	Middle) 3. (M 12	Date of Earliest Tr Ionth/Day/Year) 2/07/2015	-]		Director X Officer (give below)		Owner r (specify
WINTER S	(Street) SPRINGS, FL 327	Fil	If Amendment, Da ed(Month/Day/Year	-	al		6. Individual or Jo Applicable Line) _X_ Form filed by C Form filed by M Person	one Reporting Per	rson
(City)	(State)	(Zip)	Table I - Non-I	Derivative	Secur	rities Acqu	iired, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Da any (Month/Day/	tion Date, if Transaction(A) or Disposed of (D) Securities Code (Instr. 3, 4 and 5) Beneficially (h/Day/Year) (Instr. 8) Owned Following (A) Transaction(Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	12/07/2015		А	624	A	\$ 1.48	1,724 <u>(1)</u>	D	
Common Stock	12/07/2015		S	300	D	\$ 31	1,424	D	
Common Stock	12/07/2015		S	100	D	\$ 31.01	1,324	D	
Common Stock	12/07/2015		S	24	D	\$ 31.07	1,200	D	
Common Stock	12/07/2015		S	200	D	\$ 31.035	1,100	D	

Edgar Filing: IRADIMED CORP - Form 4

Common	12/08/2015	C	500	D	\$ 30.99 600	р
Stock	12/08/2013	3	300	D	\$ 30.99 000	D

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)	Derivative	Expiration D (Month/Day/	6. Date Exercisable and Expiration Date (Month/Day/Year)		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	
Stock Option (Right to Buy)	\$ 1.48	12/07/2015		М	624	(2)	12/29/2023	Common Stock	624	\$

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Nardi Steven M.							
C/O IRADIMED CORPORATION			VD of Monufo studies				
1025 WILLA SPRINGS DR.			VP of Manufacturing				
WINTER SPRINGS, FL 32708							

Signatures

/s/ Steven Nardi

12/09/2015

<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).

Edgar Filing: IRADIMED CORP - Form 4

- (1) Reflects a corrected amount of shares Beneficially Owned following Reported Transactions on Form 4 filed on 12/08/2015.
- (2) This option, representing a right to purchase a total of 8,750 shares, was granted on 12/31/2013 and vests over 4 years in equal annual installments commencing on the first anniversary of the grant date.

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.