Edgar Filing: InspireMD, Inc. - Form 4

Form 4											
January 31, 2014 FORM 4		TATES S					IGE C	COMMISSION		PROVAL 3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).	STATEM Filed purse Section 17(a)	Washington, D.C. 20549 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							Expires: Estimated a burden hou response		
(Print or Type Respo	nses)										
1. Name and Address of Reporting Person <u>*</u> Shore Craig			2. Issuer Name and Ticker or Trading Symbol InspireMD, Inc. [NSPR]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			3. Date of Earliest Transaction (Month/Day/Year) 01/29/2014					Director 10% Owner X Officer (give title Other (specify below) below) CFO AND CAO			
((Street) 4. If Amendment, Date Origin Filed(Month/Day/Year)				-	Applicable Line) _X_Form filed by One Reporting Person				rson	
BOSTON, MA)2199							Form filed by M Person	Iore than One Re	porting	
(City)	(State) (Z	Zip)	Table	I - Non-De	erivative So	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
	Fransaction Date onth/Day/Year)	Execution any	Date, if	Code	4. Securiti m(A) or Dis (D) (Instr. 3, 4)	posed	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 01/ Stock	/29/2014			А	77,000 (1)	А	\$0	77,000	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)

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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. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 1 5 ()
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options (right to buy)	\$ 3.1	01/29/2014		А	77,000	(2)	01/29/2024	Common Stock	77,000	

Reporting Owners

Reporting Owner Name / Address		Relationships					
			10% Owner	Officer	Other		
Shore Craig C/O INSPIREMD, INC. 800 BOYLSTON STREET, BOSTON, MA 02199	16TH FLOOR			CFO AND CAO			
Signatures							
/s/ Craig Shore	01/31/2014						

**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).

Represents a restricted stock award that is subject to forfeiture until vested. This award vests in three equal annual installments, with 1/3
(1) vesting on each of January 29, 2015, January 29, 2016 and January 29, 2017, subject to Mr. Shore's "continued service" with the Issuer, as such term is defined in the Issuer's Amended and Restated 2011 Umbrella Option Plan.

This option vests in three equal annual installments, with 1/3 becoming exercisable on each of January 29, 2015, January 29, 2016 and
(2) January 29, 2017, subject to Mr. Shore's "continued service" with the Issuer, as such term is defined in the Issuer's Amended and Restated 2011 Umbrella Option Plan.

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.

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