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| InspireMD, Inc. | | | | | | |
|--|------------------------|--|---|-------------------|--------------|--|
| Form 4 | | | | | | |
| October 02, 2015 | | | | | | |
| FORM 4 UNITED ST | OMB APPROVAL | | | | | |
| UNITED ST | | RITIES AND EXCHANG shington, D.C. 20549 | E COMMISSION | OMB Number: | 3235-0287 | |
| Check this box | | | | Expires: | January 31, | |
| if no longer subject to STATEME | NT OF CHAN | GES IN BENEFICIAL (| OWNERSHIP OF | Estimated a | 2005 | |
| Section 16. | | burden hou | • | | | |
| Form 4 or | | | | response | | |
| obligations | | 6(a) of the Securities Exch | - | | | |
| obligations may continue. Section 17(a) | | tility Holding Company A | | 1 | | |
| See Instruction | 30(h) of the In | vestment Company Act of | 1940 | | | |
| 1(b). | | | | | | |
| (Print or Type Responses) | | | | | | |
| | | | | | | |
| 1. Name and Address of Reporting Per | rson <u>*</u> 2. Issue | r Name and Ticker or Trading | 5. Relationship of Reporting Person(s) to | | | |
| BARER SOL J | Symbol | | Issuer | | | |
| | Inspire | MD, Inc. [NSPR] | (Check all applicable) | | | |
| (Last) (First) (Mide | dle) 3. Date of | f Earliest Transaction | (Cheel | k all application | | |
| | (Month/ | Day/Year) | _X_ Director | 10% | 6 Owner | |
| C/O INSPIREMD, INC., 321 | 09/30/2 | - | Officer (give titleOther (specify | | | |
| COLUMBUS AVENUE | | | below) | below) | | |
| (Street) | 4. If Am | endment, Date Original | 6. Individual or Joint/Group Filing(Check | | | |
| | | nth/Day/Year) | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| | | | | | | |
| BOSTON, MA 02116 | | | Person | lore than One Ro | eporting | |
| (City) (State) (Zi | n) — - | | | | | |
| (eny) (State) (Eij | ^{p)} Tab | le I - Non-Derivative Securities | Acquired, Disposed of | , or Beneficia | lly Owned | |
| 1.Title of 2. Transaction Date 2A | | 3. 4. Securities | | Ownership | 7. Nature of | |
| | ecution Date, if | TransactionAcquired (A) or Code Disposed of (D) | | orm: Direct | Indirect | |
| (Instr. 3) an | Iy Ionth/Day/Year) | CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5) | Beneficially (I Owned (I | D) or Indirect | Ownership | |
| (e. | | (| | nstr. 4) | (Instr. 4) | |
| | | (A) | Reported | | | |
| | | or | Transaction(s) (Instr. 3 and 4) | | | |
| | | Code V Amount (D) Price | (Instr. 5 and 4) | | | |
| Reminder: Report on a separate line for | r each class of sec | urities beneficially owned directly | y or indirectly. | | | |
| · · | | | espond to the collect | tion of S | SEC 1474 | |
| | are not | (9-02) | | | | |
| | | | pond unless the form | | | |
| | | displays a curr number. | ently valid OMB cont | | | |

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. Number of | 6. Date Exercisable and | 7. Title and Amount of |
|-------------|-------------|---------------------|--------------------|-----------------------|--------------|-------------------------|------------------------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | TransactionDerivative | | Expiration Date | Underlying Securities |
| Security | or Exercise | | any | Code | Securities | (Month/Day/Year) | (Instr. 3 and 4) |

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| (Instr. 3) | Price of Derivative Security | | (Month/Day/Year) | (Instr. | | Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | | | |
|------------------------------|------------------------------------|------------|------------------|---------|---|--|-----|---------------------|--------------------|-----------------|-------------------------------------|
| | | | | Code | V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Options (right to buy) | \$ 0.17 | 09/30/2015 | | А | | 81,549 | | 09/30/2015 | 09/30/2025 | Common Stock | 81,549 |

Reporting Owners

Reporting Person

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| BARER SOL J C/O INSPIREMD, INC. 321 COLUMBUS AVENUE BOSTON, MA 02116 | Х | | | | | | |
| Signatures | | | | | | | |
| /s/ Sol J. Barer 10 |)/02/2015 | | | | | | |
| <u>**</u> Signature of | 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.