

INSPIREMD, INC. Reported by STUKA PAUL

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 04/06/15 for the Period Ending 03/31/15

Address	321 COLUMBUS AVENUE
	BOSTON, MA 02116
Telephone	(857) 453-6553
CIK	0001433607
Symbol	NSPR
SIC Code	3841 - Surgical and Medical Instruments and Apparatus
Industry	Medical Equipment & Supplies
Sector	Healthcare
Fiscal Year	12/31

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FORM 4

[] Check this box if no longer
subject to Section 16. Form 4
or Form 5 obligations may
continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
Stuka Paul	InspireMD, Inc. [NSPR]				
(Last) (First) (Middle)	3. Date of Earliest Transaction (MM/DD/YYYY)	X Director10% Owner			
		Officer (give title below) Other (specify below)			
C/O OSIRIS PARTNERS, LLC, ONE	3/31/2015				
LIBERTY SQUARE, 5TH FLOOR					
(Street)	4. If Amendment, Date Original Filed (MM/DD/YYYY)	x) 6. Individual or Joint/Group Filing (Check Applicable			
		Line)			
BOSTON, MA 02109					
(City) (State) (Zip)		X _ Form filed by One Reporting Person Form filed by More than One Reporting Person			

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

	-	*										
1.Title of Security	2. Trans.	2A.	3. Trans.		4. Securi	ies		5. Amount of Securities Beneficially Owned	6.	7. Nature		
(Instr. 3)	Date	Deemed	Code Acquired (A) or		Acquired (A		Acquired (A) or		Acquired (A) or Following Reported Transaction(s)		Ownership	of Indirect
		Execution	(Instr. 8)		Disposed	of (D)		(Instr. 3 and 4)	Form:	Beneficial		
		Date, if any		(Instr. 3, 4 and 5))		Direct (D)	Ownership			
				_					or Indirect	(Instr. 4)		
						(A) or			(I) (Instr.			
			Code	V	Amount	(D)	Price		4)			

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

1. Title of Derivate Security	2. Conversion	 Trans. Date 	3A. Deemed	4. Trans. Code		5. Number of Derivative Secu	irities	Date Exe and Expirat		 Title and Securities U 		8. Price of Derivative		10. Ownership	11. Nature of Indirect
(Instr. 3)	or Exercise Price of Derivative Security		Execution Date, if any	(Instr. 8)		Acquired (A) or Disposed of (D) (Instr. 3, 4 and 2))	-		Derivative S (Instr. 3 and	~		Securities Beneficially	Derivative	Beneficial Ownership (Instr. 4)
	Security			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	1	Following	or Indirect (I) (Instr. 4)	
Option (right to buy)	\$0.32	3/31/2015		A		48905		3/31/2015	3/31/2025	Common Stock	48905	\$0	48905	D	

Explanation of Responses:

Reporting Owners

Departing Owner Name / Address		Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Stuka Paul									
C/O OSIRIS PARTNERS, LLC									
ONE LIBERTY SQUARE, 5TH FLOOR	X								
BOSTON, MA 02109									

Signatures

/s/ Paul Stuka	4/6/2015
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** Signature of Reporting Person

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

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

** 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.

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.