

INSPIREMD, INC.

Reported by WEINSTEIN EYAL

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 08/30/11 for the Period Ending 08/08/11

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





] 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

OMB APPROVAL OMB Number: 3235-0287 Expires: November 30,

2011

Estimated average burden

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP hours per response... 0.5 **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(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *				2.	2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Weinstein Eya	ıl					·			SPR.OB						_	
(Last)	(First) (Middle)			3.	3. Date of Earliest Transaction (MM/DD/YYYY)						*	ctor r (give title	halow)		Owner (specify	
C/O LEOREX LTD., P.O.B. 1506 MATAM					8/8/2011						below)	(give title	below) _	Other	(specify	
MATAM	(Street)					Amendm DD/YYYY)		, Date Or	riginal Fil	ed	6. Individu Applicable Li		nt/Group l	Filing (Che	eck	
HAIFA, L3 31 (City)	(State)	(Zi _j	o)										Reporting Per		n	
		Table	I - Non-	Deriv	ati	ve Secur	itie	s Acquir	ed, Dispo	sed of, o	or Beneficially		•	orung r ergo.	•	
1. Title of Security (Instr. 3)				2. Tra Date	ans.	2A. Deemed Execution Date, if any	n C (I	ode (nstr. 8)	4. Securities Acquired (A) Disposed of ((Instr. 3, 4 an (A) or	or (Ins	mount of Securities owing Reported T tr. 3 and 4)			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
Tab	le II - Dei	rivative	Securiti	es Be	enef	icially O			Amount (D)		ants, options	, convert	ible secur			
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security			Code	8) I S I (5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date				Derivative	derivative Securities Beneficially Owned Following	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisabl	Expiration Date	Title	Amount or Number of Shares		Reported Transaction (s) (Instr. 4)	(I) (Instr. 4)		
Options to Purchase Common Stock	\$1.95	8/8/2011		A		25000		(1)	8/8/2021	Common stock	25000	\$ 0	25000	D		

Explanation of Responses:

(1) The option is exercisable in three equal annual installments. The first installment becomes exercisable on August 8, 2012, the second installment becomes exercisable on August 8, 2013 and the third installment becomes exercisable on August 8, 2014, provided the option becomes exercisable as to any remaining shares immediately on such date that Mr. Weinstein is required to resign as a director due to medical reasons.

Reporting Owners

are por emig o where										
Demonting Overnor Name / Address	Relationships									
Reporting Owner Name / Address	Director	10% Owner	Officer	Other						
Weinstein Eyal C/O LEOREX LTD. P.O.B. 1506 MATAM	X									
HAIFA, L3 31905										

Signatures

/s/ Eyal Weinstein 8/30/2011 Date

** 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).
- ** 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.