

# Reported by BARRY JAMES J

## FORM 4

(Statement of Changes in Beneficial Ownership)

## Filed 02/03/12 for the Period Ending 01/30/12

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 *					ļ							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Barry James 3	J			Iı	nsj	pireMD	), I	nc. [ NS	PR.OB	]						
(Last) (First) (Middle)				3.	. Date of Earliest Transaction (MM/DD/YYYY)				X _ Dire	X Director 10% Owner						
									Officer (give title below) Other (specify below)							
35 JACKSON CIRCLE					1/30/2012						Delow)					
	(Street)					Amendm DD/YYYY)		, Date Or	iginal File	ed	6. Individ Applicable I		nt/Group l	Filing (Che	eck	
MARLBORO	UGH, N	<b>MA 017</b>	<i>1</i> 52													
(City)	(State)	(Zip)	)										Reporting Per than One Rep		n	
		Table l	- Non-I	)eriv	ati	ve Secur	itie	s Acquir	ed, Dispo	sed of, o	or Beneficiall	y Owned	1			
1.Title of Security (Instr. 3)				2. Tra Date	te Deemed Code Acquired (A) or Followi							7. Nature of Indirect Beneficial Ownership (Instr. 4)				
Tab	le II - Dei	rivative	Securitie	es Be	nef	ficially O	wn	ed ( <i>e.g.</i> ,	puts, cal	lls, warr	ants, options	, convert	ible secur	ities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)		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 Reported	Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction (s) (Instr. 4)	(4)		
Options to Purchase Common Stock	\$1.95	1/30/2012		A		100000		(1)	1/30/2022	Common stock	100000	\$ 0	100000	D		

#### **Explanation of Responses:**

(1) The option is exercisable in three equal annual installments. The first installment becomes exercisable on January 30, 2013, the second installment becomes exercisable on January 30, 2014 and the third installment becomes exercisable on January 30, 2015, provided the option becomes exercisable as to any remaining shares immediately on such date that Dr. Barry is not re-elected as a director at the issuer's 2014 annual meeting of stockholders or such date that Dr. Barry is not re-nominated as a director for the issuer's 2014 annual meeting of stockholders.

**Reporting Owners** 

Paparting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10%	Owner	Officer	Other		
Barry James J 35 JACKSON CIRCLE	X						
MARLBOROUGH, MA 01752							

#### **Signatures**

/s/ James Barry

2/2/2012

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.