

## INSPIREMD, INC.

# Reported by WEINSTEIN EYAL

### FORM 4

(Statement of Changes in Beneficial Ownership)

### Filed 06/20/12 for the Period Ending 06/18/12

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
Estimated average burden
hours per response... 0.5

## 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(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *				2	. Iss	suer Nam	e a	nd Ticker	or Tradi	ng Symb	ool 5. Relation (Check all			Person(s)	to Issuer
Weinstein Eya	al							nc. [ NS			W D:			100/	0
(Last)	(First)	(Mid	dle)	3.	. Da	ate of Ear	lies	st Transac	tion (MM/	DD/YYYY	·	ctor r (give title i	below)		Owner (specify
C/O LEOREX MATAM	K LTD.,	P.O.B	1506					6/18/20	)12		below)	(give time	_		(open)
MATAM	(Street)					Amendm DD/YYYY)		, Date Or	iginal File	ed	6. Individu Applicable Li		nt/Group l	Filing (Che	eck
HAIFA, L3 31	1905										Y Form fi	led by One	Reporting Pe	reon	
(City)	(State)	(Zip)	)										than One Rep		n
		Table l	[ - Non-I	Deriv	zati <sup>.</sup>	ve Secur	itie	s Acquir	ed, Dispo	sed of, o	or Beneficially	y Owned	l		
1. Title of Security (Instr. 3)				2. Tra	ans.	2A. Deemed Execution Date, if	n (I	dode Anstr. 8)	Acquired (A) Disposed of ( Instr. 3, 4 an  (A) or Amount (D)	or (Ins	amount of Securitie lowing Reported T tr. 3 and 4)			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Tab	le II - Dei	rivative	Securitio	es Be	enef	icially O	wn	ned ( <i>e.g.</i> ,	puts, cal	lls, warr	ants, options,	convert	ible secur	rities)	
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans.	3A. Deemed Execution Date, if any	4. Trans Code (Instr 8)	S. ]	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative	of 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	\$0.79	6/18/2012		A		50000		(1)	6/18/2022	Common Stock	50000	\$0	50000	D	

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

(1) The option is exercisable in three equal annual installments. The first installment becomes exercisable on June 18, 2013, the second installment becomes exercisable on June 18, 2014 and the third installment becomes exercisable on June 18, 2015, provided that Mr. Weinstein is providing services to the Company or its subsidiaries or affiliates on the applicable vesting date.

**Reporting Owners** 

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

#### **Signatures**

/s/ Eyal Weinstein 6/19/2012

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.