

# Reported by LOUGHLIN JAMES J

## FORM 3

(Initial Statement of Beneficial Ownership)

# Filed 09/25/12 for the Period Ending 09/21/12

Address 321 COLUMBUS AVENUE

**BOSTON, MA 02116** 

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## UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

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## INITIAL STATEMENT OF 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(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *  LOUGHLIN JAMES J  2. Date of Event Reconstant (MM/DD/YYYY)  9/21/2012			airing	3. Issuer Name and Ticker or Trading Symbol InspireMD, Inc. [NSPR.OB]							
(Last) (First) (Middle)	4. Relationship of Reporting Person(s) to Issuer (Check all applicable)										
C/O INSPIREMD, INC.,, 4 MENORAT HAMAOR ST.	X Director Officer (give title below)			10% Owner Other (specify below)							
(Street) TEL AVIV, L3 67448	5. If Amendment, Date Original Filed (MM/DD/YYYY)			6. Individual or Joint/Group Filing (Check Applicable Line)  _X _ Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City) (State) (Zip)	Toble I. N	Jan Davivat	tivo C	ecurities Bene	ficially	Owned					
1.Title of Security (Instr. 4)			ount of	f Securities	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership				
Table II - Derivative Secu	rities Benefi	cially Own	ed ( <i>e</i> .	g., puts, calls	, warra	ınts, opt	ions,	convertible	e securities)		
(Instr. 4)			3. Title and Amount Securities Underlying Derivative Security (Instr. 4)		ng	4. Conver or Exer Price of Derivat	version xercise e of vative	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
I I	Date Exercisable		Title	Amount or Nu of Shares	ımber			or Indirect (I) (Instr. 5)			

### **Explanation of Responses:**

No securities are beneficially owned.

**Reporting Owners** 

Paparting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10%	Owner	Officer	Other			
LOUGHLIN JAMES J C/O INSPIREMD, INC., 4 MENORAT HAMAOR ST. TEL AVIV, L3 67448	X							

#### **Signatures**

/s/ James J. Loughlin 9/24/2012 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 5(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.