

INSPIREMD, INC.

Reported by RATINI ROBERT

FORM 3

(Initial Statement of Beneficial Ownership)

Filed 11/09/12 for the Period Ending 03/27/12

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





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 or Section 30 (h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person * Ratini Robert	2. Date of Event Require Statement (MM/DD/YYYY) 3/27/2012		iiring	3. Issuer Name and Ticker or Trading Symbol InspireMD, Inc. [NSPR.OB]						
(Last) (First) (Middle)	4. Relatio	4. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
C/O INSPIREMD, INC., 4 MENORAT HAMAOR ST.		or fficer (give title Mkting Ins	,							
(Street) TEL AVIV, L3 67448 (City) (State) (Zip)	5. If Amendment, Date Original Filed (MM/DD/YYYY)		e	6. Individual or Joint/Group Filing (Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person						
	Table I - N	Non-Deriva	tive S	ecurities Bene	ficially	Owned				
1.Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)		I I		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Secu	rities Benefi	icially Own	ed (<i>e</i> .	g., puts, calls	, warra	nts, optio	ns, convertible	e securities)		
1. Title of Derivate Security (Instr. 4)	and Expirati	Date Exercisable nd Expiration Date MM/DD/YYYY)		3. Title and Amount Securities Underlyin Derivative Security (Instr. 4)		4. Conversi or Exerci Price of Derivativ Security	Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	Date Exercisable		Title	Amount or Nu of Shares			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			
Ratini Robert C/O INSPIREMD, INC. 4 MENORAT HAMAOR ST. TEL AVIV, L3 67448			VP Sales Mkting InspireMD Ltd.				

Signatures

/s/ Robert Ratini 11/9/2012

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.