

INSPIREMD, INC.

Reported by **BARER SOL J**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 04/26/13 for the Period Ending 04/11/13

Address 321 COLUMBUS AVENUE

BOSTON, MA 02116

Telephone (857) 453-6553

CIK 0001433607

Symbol NSPR

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

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STATEMENT OF CHANGES IN 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 *				2	. Issu	uer Nam	e ar	nd Tic	cke	er or T	adiı	ng Sym		onship of l		Person(s)	to Issuer	
BARER SOL J (Last) (First) (Middle)					InspireMD, Inc. [NSPR] 3. Date of Earliest Transaction (MM/DD/YYYY)									rector		10%	Owner	
C/O INSPIREMD, INC., 4 MENORAT HAMAOR ST.					4/11/2013								below)	Officer (give title below) Other (specify below)				
(Street)														6. Individual or Joint/Group Filing (Check Applicable Line)				
TEL AVIV, L3 67448 (City) (State) (Zip)					_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Pe								rson orting Perso	n				
		Table 1	I - Non-I	Deriv	vativ	e Securi	ities	s Acq	uiı	red, D	spo	sed of,	or Beneficial	ly Owned	l			
			2. Tr Date		2A. Deemed Execution Date, if	Co	3. Trans. Code (Instr. 8)		4. Securities Acquired (A) Disposed of ((Instr. 3, 4 an		or (D)		ving Reported Transaction(s)		Ownership Form: E Direct (D)	7. Nature of Indirect Beneficial Ownership		
						any		Code	v	Amount	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock 4/				4/25	/25/2013			P (1)		50000 (1)	A	\$2.00	1800000			D		
Tab	le II - Dei	rivative	Securiti	es Be	enefi	cially O	wne	ed (<i>e</i> .	.g.	, puts	, cal	lls, waı	rants, option	s, convert	ible secur	rities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed	4. Trans Code (Instr 8)	s. D s. S r. A D	Number of Derivative Securities Acquired (A) or Disposed of (D) Instr. 3, 4 and		6. Date Exercisable and Expiration Date				Securiti	and Amount of es Underlying ve Security and 4)	8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr.	Beneficial	
				Code	v	(A)	(D)	Date Exercis	sab	Expir Date	ation	Title	Amount or Number of Shares		Transaction (s) (Instr. 4)	4)		
Stock Option (right to buy)	\$7.80	4/11/2013		A	1	181250		4/11/20	013	3 4/11/	2023	Commo Stock	n 181250	\$0	181250 ⁽²⁾	D		

Explanation of Responses:

- (1) Dr. Barer purchased 50,000 shares of common stock at a price of \$2.00 per share in a private transaction with Asher Holzer, a director of the Issuer. The shares purchased by Dr. Barer are subject to the lock-up agreement he entered into in connection with the underwritten public offering of the Issuer's common stock on April 16, 2013.
- (2) On November 16, 2011, Dr. Barer was granted an option to purchase 181,250 shares of common stock (with such number of shares reflecting a one-for-four reverse stock split of the common stock that occurred on December 21, 2012). The option vested upon the common stock being listed on a national securities exchange, which occurred on April 11, 2013.

Reporting Owners

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

Signatures
/s/ Sol J Barer

** Signature of Reporting Person

Date

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.