

INSPIREMD, INC. Reported by ROGERS CAMPBELL

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 09/05/13 for the Period Ending 09/03/13

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

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FORM 4

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

1. Name and Address of Reporting Person *	2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer				
		(Check all applicable)				
Rogers Campbell	InspireMD, Inc. [NSPR]					
(Last) (First) (Middle)	3. Date of Earliest Transaction (MM/DD/YYYY)	X Director 10% Owner				
		Officer (give title below) Other (specify				
C/O INSPIREMD, INC., 800	9/3/2013	below)				
BOYLSTON STREET, SUITE						
16041						
(Street)	4. If Amendment, Date Original Filed (MM/DD/YYYY)	6. Individual or Joint/Group Filing (Check Applicable Line)				
BOSTON, MA 02199						
,		_ X _ Form filed by One Reporting Person				
(City) (State) (Zip)		Form filed by More than One Reporting Person				

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security	2. Trans.	2A.	3. Trans.		4. Securities	5. Amount of Securities Beneficially Owned 6. 7. Nature
(Instr. 3)	Date	Deemed	Code		Acquired (A) or	Following Reported Transaction(s) Ownership of Indirec
		Execution	(Instr. 8)		Disposed of (D)	(Instr. 3 and 4) Form: Beneficia
		Date, if			(Instr. 3, 4 and 5) Direct (D) Ownersh
		any		\square	(A)	or Indirect (Instr. 4)
				i I	or	(I) (Instr.
			Code	\mathbf{v}	Amount (D) Pi	ice 4)
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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivate	2.	3. Trans.	3A.	4. Tra	ıs.	5. Number of	f	6. Date Exe	rcisable	7. Title an	d Amount of	8. Price of	9. Number	10.	11. Nature
Security	Conversion	Date	Deemed	Code		Derivative		and Expirati	on Date	Securities	Underlying	Derivative	of	Ownership	of Indirect
(Instr. 3)	or Exercise		Execution	(Instr.	8)	Securities		_		Derivative	Security	Security	derivative	Form of	Beneficial
	Price of		Date, if			Acquired (A) or			(Instr. 3 a	nd 4)	(Instr. 5)	Securities	Derivative	Ownership
	Derivative		any			Disposed of	(D)						Beneficially	Security:	(Instr. 4)
	Security					(Instr. 3, 4 a	nd						Owned	Direct (D)	
	-					5)							Following	or Indirect	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Reported Transaction (s) (Instr. 4)		
Options to Purchase Common Stock	\$2.12	9/3/2013		A		125000		(1)	9/3/2023	Common Stock	125000	\$0	125000	D	

Explanation of Responses:

(1) The option is exercisable in three equal annual installments. The first installment becomes exercisable on September 3, 2014, the second installment becomes exercisable on September 3, 2015 and the third installment becomes exercisable on September 3, 2016, provided the option becomes exercisable as to any remaining shares immediately on such date that Mr. Rogers is not re-elected as a director at the issuer's 2014 annual meeting of stockholders or such date that Mr. Rogers is not re-nominated as a director for the issuer's 2014 annual meeting of stockholders.

Reporting Owners

Penerting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Rogers Campbell								
C/O INSPIREMD, INC.								
800 BOYLSTON STREET, SUITE 16041	X							
BOSTON, MA 02199								

Signatures

/s/ Campbell Rogers	9/4/2013
** 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.