

INSPIREMD, INC.

Reported by OLSON ERIC L.

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 06/04/14 for the Period Ending 05/29/14

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

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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.	2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
Olson Eric L.				In	InspireMD, Inc. [NSPR]											
(Last)	(First)	(Mi	ddle)	3.	3. Date of Earliest Transaction (MM/DD/YYYY)						YYYY)				10% Owner	
C/O INSPIREMD, INC., 321 COLUMBUS AVENUE													X Officer (give title below) Other (specify below) VP of Global Sales Operations			
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)							6. Individua Line)	6. Individual or Joint/Group Filing (Check Applicable Line)			
BOSTON, MA 02116 (City) (State) (Zip)												_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tak	ole I - Noi	ı-Deri	vativ	e Securit	ties Ac	cquii	red, D	ispose	d of,	or Beneficially O	wned	•		
			2. Trai Date	ns.	2A. Deemed Execution Date, if any	3. Tran Code (Instr.		(A) or		of (D		mount of Securities Beneficially Owned owing Reported Transaction(s) r. 3 and 4)			7. Nature of Indirect Beneficial Ownership	
							Code	e V	Amou	or (D)	Price	:			or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock 5/				5/29/2	2014		P		31778	A	\$2.55	31778			D	
7	Γable II - 1	Derivat	ive Secur	ities B	enefi	icially Ov	vned (e.g.	, puts	s, calls,	war	rants, options, co	nvertible	securities)	
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)	D A D	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date			Secur Deriv	ele and Amount of rities Underlying vative Security : 3 and 4)	derlying Derivative curity Security	of derivative Securities Beneficially Owned Following	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A) (Date Exerci	sable E	Expiration Date	Title	Amount or Number of Shares		Reported Transaction (s) (Instr. 4)	(I) (Instr. 4)	

Explanation of Responses:

Reporting Owners

Banasting Overage Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Olson Eric L. C/O INSPIREMD, INC. 321 COLUMBUS AVENUE BOSTON, MA 02116			VP of Global Sales Operations				

Signatures

/s/ Eric Olson	6/4/2014			
** 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.