

## INSPIREMD, INC.

# Reported by **BLECH ISAAC**

### FORM 3

(Initial Statement of Beneficial Ownership)

### Filed 01/26/16 for the Period Ending 01/22/16

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

OMB APPROVAL OMB Number: 3235-0104 Estimated average burden hours per response... 0.5

### 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 *  2. Date of Event Statement (MM. 1/22/:			D/YYY	Y)	3. Issuer Name and Ticker or Trading Symbol  InspireMD, Inc. [NSPR]						
(Last) (First) (Middle)		4. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
C/O INSPIREMD, INC., 321 COLUMBUS AVENUE	XD Off	irector icer (give title l	below)	10% Owner Other (specify	10% Owner Other (specify below)						
(Street)  BOSTON, MA 02116  (City) (State) (Zip)		nendment, [		(Y) X Form filed by	6. Individual or Joint/Group Filing (Check Applicable Line)  _X_Form filed by One Reporting Person  Form filed by More than One Reporting Person						
Table I - Non-Derivative Securities Beneficially Owned											
(Instr. 4)			Beneficially Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)					
Table II - Derivative Securities Beneficially Owned ( e.g. , puts, calls, warrants, options, convertible securities)											
1. Title of Derivate Security (Instr. 4)  2. Date Exerc and Expiratio (MM/DD/YYYY)		tion Date Sec YY) De		le and Amount of rities Underlying ative Security . 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)				
	Date Exercisable		Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)					

#### **Explanation of Responses:**

#### Remarks:

No securities are beneficially owned by the reporting person.

No securities are beneficially owned.

#### **Reporting Owners**

reporting Owners						
Reporting Owner Name / Address		Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
BLECH ISAAC						
C/O INSPIREMD, INC., 321 COLUMBUS AVENUE	X					
BOSTON, MA 02116						

#### **Signatures**

/s/ Isaac Blech	1/26/2016		
**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 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

