

# INSPIREMD, INC. Reported by

## SHORE CRAIG

#### FORM 4/A

(Amended Statement of Changes in Beneficial Ownership)

## Filed 01/06/22 for the Period Ending 11/10/21

Telephone (888) 776-6804

CIK 0001433607

Symbol NSPR

SIC Code 3841 - Surgical and Medical Instruments and Apparatus

Industry Medical Equipment, Supplies & Distribution

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

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 <b>and</b> Ticker or Trading Symbol								ol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Shore Crai	g				In	spi	reMD,	Inc.	[ ]	NSPF	<b>R</b> ]						Í			
(Last) (First) (Middle)				3. I	3. Date of Earliest Transaction (MM/DD/YYYY)										Director10% Owner					
					11/10/2001										X_ Officer (give title below) Other (specify below) CFO and CAO					
C/O INSPI		NC., 4 M	ENO	RAT				1	11/.	10/20	21					or o una cri	o .			
HAMAOR		reet)			4 1	f A	mendme	nt Do	to C	)riaina	J Ei	lad a	MM/DI	DAAAA	7)	6. Individual o	r Ioint/C	roup Eiling	(Cl1- A1	: - 1.1 - T : N
	(				4. 1	I A	mename	m, Da	ne C	Jugina	11 F1	ilea (i	MM/DI	D/YYYY	()	o. marviduai o	or John/G	roup rining (	Cneck Appl	icable Line)
TEL AVIV, L3 6744832					11/12/2021									X_Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)															Form filed by More than One Reporting Person					
			Tabla	I Non	Dor	ivot	tivo Soor	witios		anira	4 D	liena	ead a	f or P	ono	eficially Owne	.d			
1.Title of Security				2. Trans. 1			Deemed	3. Tran						ired (A)	_	Amount of Securiti		ally Owned	6.	7. Nature
(Instr. 3)					Exe	cution e, if any	(Instr. 8)			or Disposed of (D)			Fol	llowing Reported Tastr. 3 and 4)		of Indirect Beneficial				
						Duit	,,,				(111511				- (				Direct (D)	Ownership (Instr. 4)
									,	**			(A) or						(I) (Instr.	(IIISII. 4)
Common Stock 11/10/202				021	21		Cod		V	7297		(D) <b>A</b>	Price \$0	:	1	18639		4) <b>D</b>		
						<u> </u>		l		1 1	1271									
	Ta	ble II - Der	ivative	Securi	ties	Ben	eficially	Own	ed	(e.g., p	outs	, call	s, wa	rrants	, op	ptions, conver	tible secu	urities)		
Title of     Derivate Security	2. Conversion	3. Trans. Date	3A. Deer Execution				5. Number				6. Date Exerci Expiration Da							9. Number of derivative	10. Ownership	11. Nature of Indirect
(Instr. 3)	or Exercise	Date	Date, if a		tr. 8)	Acquired		(A) or					Derivative S (Instr. 3 and		Security Security		Securities	Form of	Beneficial	
	Price of Derivative						Disposed (Instr. 3, 4								(4)	(Instr. 5)	Beneficially Owned	Security:	Ownership (Instr. 4)	
	Security									Date	Expiration		m: 1		Amount or		Following Reported	Direct (D) or Indirect	Į ,	
				C	ode	V	(A)	([		Exercisa				Title		Number of Shares		Transaction(s) (Instr. 4)	(I) (Instr. 4)	
Options to purchase common stock (right to buy)	\$4.09	11/10/2021			4		24326			(2)		11/10/	/2031	Comm Stock		24326	\$0	24326	D	

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

- (1) These shares of common stock vest and become exercisable in three equal annual installments, with 1/3 vesting on each of November 10, 2022, November 10, 2023 and November 10, 2024, subject to the Reporting Person's continued service.
- (2) The options vest and become exercisable in three equal installments, with 1/3 vesting on each of November 10, 2022, November 10, 2023 and November 10, 2024, subject to the Reporting Person's continued service.

#### Reporting Owners

Panarting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Shore Craig								
C/O INSPIREMD, INC.			CFO and CAO					
4 MENORAT HAMAOR ST.			CFO allu CAO					
TEL AVIV, L3 6744832								

#### **Signatures**

/s/ Craig Shore 1/6/2022

\*\*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.