

INSPIREMD, INC.

Reported by STUKA PAUL

FORM 4/A

(Amended Statement of Changes in Beneficial Ownership)

Filed 02/25/16 for the Period Ending 01/26/16

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





[] 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. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
Stuka Paul					Ins	InspireMD, Inc. [NSPR]											
(Last)	(Last) (First) (Middle)				3. I	3. Date of Earliest Transaction (MM/DD/YYYY)							X Director	X _ Director10% Owner Officer (give title below) Other (specify below)			
C/O OSIRIS PARTNERS, LLC, 70 COLONIAL DRIVE						1/26/2016									,	(« p)	.,
(Street)				4. I	4. If Amendment, Date Original Filed (MM/DD/YYYY)							YY) 6. Individual	6. Individual or Joint/Group Filing (Check Applicable Line)				
CHATHAM, MA 02633 (City) (State) (Zip)					1/28/2016								_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
			Table !	I - Non	-Der	ivati	ive Secu	rities Acc	quire	ed, Di	sposed o	of, or	Beneficially Own	ed			
1.Title of Security (Instr. 3) 2. Trans. D						3. Trans. Cod (Instr. 8)	de V	or Disp	osed of (D 3, 4 and 5) (A) or) `	Following Reported (Instr. 3 and 4)	Amount of Securities Beneficially Owned llowing Reported Transaction(s) str. 3 and 4)			7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock (1)											13	7021 (2)		I	See Note		
	Tabl	le II - Der	ivative	Securi	ties E	Bene	ficially	Owned (e.g. ,	puts,	calls, w	arrai	nts, options, conv	ertible sec	urities)		
Title of Derivate Security (Instr. 3)	or Exercise Price of Derivative	;	3A. Deer Execution Date, if a	n (In:	Frans. (str. 8)	5. Code Derivative Acquired Disposed (Instr. 3,		e Securities (A) or of (D)	6. Date Exercisable and Expiration Date		Secur Deriv	le and Amount of ities Underlying ative Security . 3 and 4)	Derivative Security	Securities Beneficially Owned	Ownership Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Security			(Code	V	(A)	(D)	Date Exer	cisable	Expiration Date	Title	Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	

Explanation of Responses:

- (These shares were omitted from the Reporting Person's original Form 4 filed on January 28, 2016. These shares were last reported on the Reporting Person's
- 1) Form 4 filed on March 11, 2015.
- Reflects a 1-for-10 reverse stock split effected October 1, 2015.
- (These securities are held by Osiris Investment Partners, L.P. ("Osiris"). The Reporting Person serves as the managing member of Osiris Partners, LLC, the
- 3) general partner of Osiris. In such capacity, the Reporting Person may be deemed to beneficially own the reported securities. The Reporting Person disclaims beneficial ownership of the reported securities except to the extent of his pecuniary interest therein, and the inclusion of such securities in this report shall not be deemed an admission of beneficial ownership for purposes of Section 16 or for any other purposes.

Reporting Owners

Reporting Owner Name / Address	Relationships						
reporting Owner Ivanie / Address	Director	10% Owner	Officer	Other			
Stuka Paul C/O OSIRIS PARTNERS, LLC 70 COLONIAL DRIVE CHATHAM, MA 02633	X						

Signatures

/s/ Paul Stuka	2/25/2016
** 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 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.