

Reported by BERMAN MICHAEL

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 01/07/15 for the Period Ending 01/05/15

Address 321 COLUMBUS AVENUE

BOSTON, MA 02116

Telephone (857) 453-6553

CIK 0001433607

Symbol NSPR

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 | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|---|------------------|----------|--------|--|--|------|--|---|-----------------|---|---|--|--|--|--|
| BERMAN MI | CHAE | L | | I | nsj | pireMD |), I | nc. [NS | PR] | | | | | | | |
| (Last) (First) (Middle) | | | | 3 | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | <i>'</i> | | | 10% | Owner | |
| | | | | | | | | | | | Office below) | r (give title | below) _ | Other | (specify | |
| C/O INSPIREMD, INC., 800 | | | | | 1/5/2015 | | | | | | 0010 117 | | | | | |
| BOYLSTON S | STREE | T, 167 | TH | | | | | | | | | | | | | |
| FLOOR | | | | | | | | | | | | | | | | |
| (Street) | | | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| BOSTON, MA | N2100 | | | (1, | VIIVI/. | DD/TTTT) | , | | | | rippiicable E | inc) | | | | |
| (City) | (State) | (Zi _] | 2) | | | | | | | | | | Reporting Pe | | | |
| (City) | (Bitate) | (21) | ?) | | | | | | | | Form file | ed by More t | than One Rep | orting Person | n | |
| | | Table | I - Non- | Deriv | ati | ive Secur | itie | s Acquire | ed, Dispo | sed of, o | r Beneficiall | y Owned | | | | |
| 1. Title of Security (Instr. 3) | | | | 2. Tra | ans. | 2A. Deemed Execution Date, if | n C | Code A Instr. 8) D (I | Securities (A) pisposed of (instr. 3, 4 an (A) or (D) | or (Ins d 5) | amount of Securiti lowing Reported T tr. 3 and 4) | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership | |
| Tabl | le II - Dei | rivative | Securiti | ies Be | enei | ficially O | wn | ned (<i>e.g.</i> , | puts, cal | lls, warr | ants, options | , convert | ible secur | ities) | | |
| 1. Title of Derivate Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | Deemed | Code | 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date | | | | 8. Price of Derivative Security (Instr. 5) | derivative Securities Beneficially Owned Following | Ownership Form of Derivative Security: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Reported Transaction (s) (Instr. 4) | (I) (Instr. 4) | | |
| Options to Purchase Common Stock | \$0.78 | 1/5/2015 | | J (1) | | 38045 | | 1/5/2015 | 1/5/2025 | Common Stock | 38045 | (1) | 38045 | D | | |

Explanation of Responses:

(1) The Reporting Person was granted the number of immediately vested 10 year stock options having a black-scholes value equal to \$16,000 owed to the Reporting Person for his service as a director for the third and fourth calendar quarters of 2014, in lieu of cash compensation.

Reporting Owners

| Panarting Owner Name / Address | Relationships | | | | | | |
|---------------------------------|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| BERMAN MICHAEL | | | | | | | |
| C/O INSPIREMD, INC. | | | | | | | |
| 800 BOYLSTON STREET, 16TH FLOOR | X | | | | | | |
| DOCTON NA 02100 | | | | | | | |
| BOSTON, MA 02199 | | | | | | | |

Signatures

/s/ Michael Berman

1/7/2015

^{**} Signature of Reporting Person

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.