

INSPIREMD, INC. Reported by SHORE CRAIG

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 01/31/14 for the Period Ending 01/29/14

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

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FORM 4	
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[] 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)			
Shore Craig	InspireMD, Inc. [NSPR]				
(Last) (First) (Middle)	3. Date of Earliest Transaction (MM/DD/YYYY)	Director 10% Owner			
C/O INSPIREMD, INC., 800 BOYLSTON STREET, 16TH FLOOR	1/29/2014	_X_Officer (give title below) Other (specify below) CFO AND CAO			
(Street)	4. If Amendment, Date Original Filed (MM/DD/YYYY)	6. Individual or Joint/Group Filing (Check Applicable Line)			
BOSTON, MA 02199					
(City) (State) (Zip)		_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person			

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Common Stock	1/29/2014		A	77000 (1)	A	\$0	77000	D	
1. Title of Security (Instr. 3)	2. Trans. Date			4. Securi Acquired Disposed (Instr. 3, Amount	l (A) l of (4 an (A) or	or D) d 5)	Following Reported Transaction(s) (Instr. 3 and 4)	Ownership Form:	Beneficial Ownership
		r	r	1				r	r

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date	3A. Deemed Execution Date, if any	4. Trans Code (Instr. 8)		5. Number of Derivative Securities Acquired (A Disposed of (Instr. 3, 4 a	(D) or	and Expiration Date S		Securities Underlying Derivative Security		Derivative Security (Instr. 5)	of derivative Securities Beneficially Owned	Derivative	11. Nature of Indirect Beneficial Ownership (Instr. 4)
Stock Options (right to buy)	\$3.10	1/29/2014		Code A	v	(A) 77000		Date Exercisable (2)	Expiration Date 1/29/2024	Title	Amount or Number of Shares 77000		0	(I) (Instr.	

Explanation of Responses:

- (1) Represents a restricted stock award that is subject to forfeiture until vested. This award vests in three equal annual installments, with 1/3 vesting on each of January 29, 2015, January 29, 2016 and January 29, 2017, subject to Mr. Shore's "continued service" with the Issuer, as such term is defined in the Issuer's Amended and Restated 2011 Umbrella Option Plan.
- (2) This option vests in three equal annual installments, with 1/3 becoming exercisable on each of January 29, 2015, January 29, 2016 and January 29, 2017, subject to Mr. Shore's "continued service" with the Issuer, as such term is defined in the Issuer's Amended and Restated 2011 Umbrella Option Plan.

Reporting Owners

Reporting Owner Name / Address	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Shore Craig C/O INSPIREMD, INC. 800 BOYLSTON STREET, 16TH FLOOR			CFO AND CAO		

BOSTON, MA 02199			
Signatures			
/s/ Craig Shore	1/31/2014		
** 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.