

# INSPIREMD, INC. Reported by BARER SOL J

### **FORM 4** (Statement of Changes in Beneficial Ownership)

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

 Telephone
 (888) 776-6804

 CIK
 0001433607

 Symbol
 NSPR

 Fiscal Year
 12/31

Powered By EDGAROnline

http://www.edgar-online.com

© Copyright 2020, EDGAR Online, a division of Donnelley Financial Solutions. All Rights Reserved. Distribution and use of this document restricted under EDGAR Online, a division of Donnelley Financial Solutions, Terms of Use.

FORM 4	
--------	--

[] 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 <sup>*</sup>	2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
BARER SOL J (Last) (First) (Middle)	InspireMD, Inc. [NSPR]           3. Date of Earliest Transaction (MM/DD/YYYY)	XDirector10% Owner			
C/O INSPIREMD, INC., 800 BOYLSTON STREET, 16TH FLOOR	1/29/2014	Officer (give title below) Other (specify below)			
(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

	T								1	
1.Title of Security	2. Trans. Date	2A. Deemed	3. Trans. Coo	le	4. Securit	ies Acquire	ed (A)	5. Amount of Securities Beneficially Owned	6.	7. Nature
(Instr. 3)		Execution	(Instr. 8)		or Dispos	ed of (D)		Following Reported Transaction(s)	Ownership	of Indirect
		Date, if any			(Instr. 3, 4	4 and 5)		(Instr. 3 and 4)	Form:	Beneficial
									Direct (D)	Ownership
									or Indirect	(Instr. 4)
						(A) or			(I) (Instr.	
			Code	V	Amount	(D)	Price		4)	

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

1. Title of Derivate Security (Instr. 3)	Conversion or Exercise Price of Derivative	3. Trans. Date	 4. Trans. ( (Instr. 8)		5. Number of Derivative Sec Acquired (A) Disposed of (I (Instr. 3, 4 and	curities or D)	ities Expiration Date		xpiration Date Securities Underlying Derivative Security		Derivative de Security (Instr. 5) Be Ov	Securities For Beneficially Der	Ownership Form of Derivative Security:	Beneficial Ownership (Instr. 4)
	Security		Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	
Options to Purchase Common Stock	\$3.10	1/29/2014	А		85000		<u>(1)</u>	1/29/2024	Common Stock	85000	\$0	85000	D	

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

(1) The option is exercisable in three equal annual installments. The first installment becomes exercisable on January 29, 2015, the second installment becomes exercisable on January 29, 2016 and the third installment becomes exercisable on January 29, 2017, provided that Dr. Barer is providing services to the Issuer or its subsidiaries or affiliates on the applicable vesting date.

#### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
BARER SOL J C/O INSPIREMD, INC. 800 BOYLSTON STREET, 16TH FLOOR BOSTON, MA 02199	X						

#### Signatures

/s/ Sol J. Barer	1/31/201
15/ DOI 0. Dai Ci	1/01/201

\*\* 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.