

INSPIREMD, INC.

Reported by STUKA PAUL

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 02/06/19 for the Period Ending 02/04/19

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

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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

Name and Address of Reporting Person *					2. I	2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Stuka Paul					In	InspireMD, Inc. [NSPR]								Í				
				3. I	3. Date of Earliest Transaction (MM/DD/YYYY)							X _ Director Officer (giv	X _ Director 10% Owner Officer (give title below) Other (specify below)					
C/O INSPIREMD, INC., 4 MENORAT HAMAOR ST.						2/4/2019												
				4. I	4. If Amendment, Date Original Filed (MM/DD/YYYY)							6. Individual or Joint/Group Filing (Check Applicable Line)						
TEL AVIV, L3 6744832 (City) (State) (Zip)													X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		· ·		- Non	-Der	ivati	ive Seci	ırities Ac	quir	ed, Di	sposed o	f, or	Ве	eneficially Owne	d			
1.Title of Security (Instr. 3)			2. Trans.	Date Execution Date, if any		ution	3. Trans. Code (Instr. 8)		or Disp	curities Acquired (A) sposed of (D) r. 3, 4 and 5) (A) or ount (D) Price			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock 2/4/20				2/4/20	19			A		195000) A	\$0)	2	219999			
Common Stock														1	2746		I	See Note
	Tab	le II - Der	ivative S	Securi	ties I	Bene	ficially	Owned (e.g.	, puts,	calls, w	arra	nts	s, options, conve	rtible sec	urities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Deem Execution Date, if an	ı (Ins	rans. str. 8)	Acquire Dispose		re Securities (A) or						es Underlying ve Security		derivative Securities Beneficially Owned	Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security			(Code	v	(A)	(D)	Date Exer	cisable	Expiration Date	Title		mount or Number of nares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	

Explanation of Responses:

(1) These securities are held by Osiris Investment Partners, L.P. ("Osiris"). The Reporting Person serves as the managing member of Osiris Partners, LLC, the 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 Owners							
Paparting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Stuka Paul							
C/O INSPIREMD, INC.	X						
4 MENORAT HAMAOR ST.	Λ						
TEL AVIV, L3 6744832							

Signatures

/s/ Paul Stuka	2/6/2019
** 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

