

# Reported by ROGERS CAMPBELL

### FORM 4

(Statement of Changes in Beneficial Ownership)

## Filed 03/23/16 for the Period Ending 03/21/16

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

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.	2. Issuer Name <b>and</b> Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Rogers Cam	pbell						, Inc. [						piledolej	,	00/ 0	
(Last) (First) (Middle)				3.	3. Date of Earliest Transaction (MM/DD/YYYY)							X _ Director 10% Owner Officer (give title below) Other (specify below)				
C/O INSPIREMD, INC., 321 COLUMBUS AVENUE					3/21/2016											
	(Stre	eet)		4.	If An	nendme	ent, Date	Orig	inal Fi	led (MM/	DD/YYYY)	6. Individual	or Joint/G	roup Filing	(Check Appl	icable Line)
BOSTON, MA 02116 (City) (State) (Zip)												X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
		,	Table I - I	Non-De	rivati	ive Sec	urities A	cqui	ired, D	isposed	of, or Be	neficially Own	ed			
1. Title of Security (Instr. 3) 2. Trans. Da				te 2A. Deemed Execution Date, if any		3. Trans. C (Instr. 8)	ode	4. Securities Acquir Disposed of (D) (Instr. 3, 4 and 5)		( )	5. Amount of Secur Following Reported (Instr. 3 and 4)		s Beneficially Owned ensaction(s)		7. Nature of Indirect Beneficial Ownership	
							Code	V	Amour	(A) or (D)	Price				Direct (D) or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock 3/21/2016			/2016			P		8474	A	\$0.59 (1)	8475			D		
	Tab	le II - Deri	vative Sec	urities	Bene	ficially	Owned	( e.g.	. , puts	s, calls, v	warrants,	options, conve	ertible sec	urities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date I	3A. Deemed Execution Date, if any	4. Trans. (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exp	Date Exercisable and Expiration Date			Underlying Security	ying Derivative	Securities Beneficially Owned Following	Ownership Form of Derivative Security: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exe	e rcisable	Expiration Date	Title	Amount or Number of Shares		Reported Transaction(s) (Instr. 4)	or Indirect (I) (Instr. 4)	
Warrants to Purchase Common Stock	\$0.59	3/21/2016		P		4237		3/2	1/2016	3/21/2021	Common Stock	4237	\$0.59 (1)	4237	D	

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

( The Common Stock and Warrants to purchase Common Stock were acquired as components of Units, each Unit consisting of one share of Common Stock

1) and a Warrant to purchase one half of one share of Common Stock, at a purchase price per Unit of \$0.59.

#### **Reporting Owners**

reporting owners							
Paperting Owner Name / Address	Relationships						
Reporting Owner Name / Addres	Director	10% Owner	officer	Other			
Rogers Campbell							
C/O INSPIREMD, INC.	X						
321 COLUMBUS AVENUE	Λ						
BOSTON, MA 02116							

#### **Signatures**

/s/ Campbell Rogers

\*\*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.