

# Reported by BARER SOL J

## FORM 4

(Statement of Changes in Beneficial Ownership)

## Filed 05/13/14 for the Period Ending 05/12/14

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

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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 *				n *	2. Issuer Name <b>and</b> Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
BARER SOL J					InspireMD, Inc. [ NSPR ]												
(Last) (First) (Middle)					3. Date of Earliest Transaction (MM/DD/YYYY)						X Direc	X Director 10% Owner					
												Officer (give title below) Other (specify					
C/O INSPIREMD, INC., 321					5/12/2014						below)						
COLUMBUS AVENUE																	
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)							6. Individual or Joint/Group Filing (Check Applicable Line)					
BOSTON, M.	A 02116	<b>,</b>															
(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																	
1.Title of Security (Instr. 3)				2. To	rans.	2A. Deemed Execution	3. Tran Code (Instr. 8		4. Securities A (A) or Dispos (Instr. 3, 4 and		sed of (D) Follow		mount of Securities Beneficially Owned owing Reported Transaction(s) r. 3 and 4)		Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Date, if any													
						, ,	Code	v	Amount	or (D)	Price					(I) (Instr. 4)	,
Common Stock				5/12	/2014		P	Ť	4800	Ť	\$2.417		20	)4800		D	
Common Stock 5/13				/2014	2014 P 45200 A \$2.445 (2) 250000				D								
Common Stock													850000			I	By grantor retained annuity trust
Common Stock													85	50000		I	By spouse
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  2. Conversion Trans. Date Date Date, if any  4. Trans. Code (Instr. 3)		4. Trans.	Disposed of (D) (Instr. 3, 4 and 5)		6. Da and E	6. Date Exercisable and Expiration Date  Date Expiration				and Amies Underive Secus 3 and 4)	nount of erlying	8. Price of Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported Transaction	Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	V (A) (D) Exercisable Date Title Shares						(s) (Instr. 4)						

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

- (1) The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$2.35 to \$2.4875, inclusive. The reporting person undertakes to provide to InspireMD, Inc. (the "Issuer"), any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the ranges set forth in footnotes (1) and (2).
- (2) The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$2.38 to \$2.49, inclusive.

#### **Reporting Owners**

Paparting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10%	Owner	Officer	Other		
BARER SOL J							

C/O INSPIREMD, INC. 321 COLUMBUS AVENUE BOSTON, MA 02116	X		
Signatures			
/s/ Sol J. Barer	5/13/2	014	

\*\* 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).

Date

\*\* 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.