

Reported by BARRY JAMES J

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 07/27/16 for the Period Ending 07/25/16

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

Name and Address of Reporting Person *												bol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
Barry Jame	s J			Ir	ıspi	reMD,	Inc.	[N	SPI	R J							
(Last	(Last) (First) (Middle)				3. Date of Earliest Transaction (MM/DD/YYYY)							Y)	X_Directo			0% Owner	
	,													(give title belo	ow)	Other (speci	fy below)
C/O INSPIREMD, INC., 321					7/25/2016								President a	nd CEO			
COLUMBU																	
(Street)				4.	4. If Amendment, Date Original Filed (MM/DD/YYYY)							DD/YYYY	6. Individua	6. Individual or Joint/Group Filing (Check Applicable Line)			
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BOSTON, MA 02116													X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
(((City) (State) (Zip)											Form filed	Form fried by More than One Reporting Person				
			Table I	- Non-De	riva	tive Seci	urities	s Ac	quire	ed, D	isposed	of, or B	eneficially Ow	ned			
				. Trans. Date	2A.	Deemed	3. Trans. Code		de	4. Securities Acquired (A) 5. A			5. Amount of Secu	Amount of Securities Beneficially Owned 6. 7. Nature			
(Instr. 3)				Execution Date, if any		(Instr. 8)						Following Reported Transaction(s) Instr. 3 and 4)			Ownership of Indirect Form: Beneficial		
					Date	, ii aliy			1	(IIISII.	. 3, 4 and 3	,	(IIIsu. 3 and 4)			Direct (D)	Ownership
											(A) (Nr.				or Indirect (I) (Instr.	(Instr. 4)
							Cod	le	V	Amou						4)	
	Т-1	.l. II. D	·4: 6	7 : 4:	D	- C : - : - 11	0	- 1 (4	11			41.1.			
									0 /	•			s, options, con			1	1
Title of Derivate Security	2. Conversion	3. Trans. Date	3A. Deem Execution	ed 4. Trans. Code	Derivative		e Securities (A) or of (D)			Date Exercisable and Securities Uperivative (Instr. 3 and		nd Amount of s Underlying		Number of derivative	10. Ownership	 Nature of Indirect 	
(Instr. 3)	or Exercise Price of Derivative		Date, if an	ny (Instr. 8)								Derivativ	e Security		Securities Beneficially	Form of Derivative	Beneficial Ownership (Instr. 4)
												(Instr. 3 a	ind 4)	(Instr. 5)			
	Security					-			D /		Б		Amount or		Following Reported	Direct (D) or Indirect	
									Date Exerci		Expiration Date	Title	Number of		Transaction(s)	(I) (Instr.	
				Code	V	(A)	((D)					Shares		(Instr. 4)	4)	
Options (right to buy)	\$0.19	7/25/2016		A		176247	8		7/25/2	2017	7/25/2026	Commo Stock	on 1762478	\$0	1762478	D	

Explanation of Responses:

Reporting Owners

Panarting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Barry James J C/O INSPIREMD, INC. 321 COLUMBUS AVENUE BOSTON, MA 02116	X		President and CEO				

Signatures

/s/ James J. Barry	7/27/2016
** 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.