

# Reported by BARRY JAMES J

### FORM 4

(Statement of Changes in Beneficial Ownership)

## Filed 08/03/16 for the Period Ending 08/01/16

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

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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 *				2. I	2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Barry James J (Last) (First) (Middle)					InspireMD, Inc. [ NSPR ]  3. Date of Earliest Transaction (MM/DD/YYYY)							X Director X Officer (g	ŕ		0% Owner Other (speci	fy below)		
C/O INSPIREMD, INC., 321 COLUMBUS AVENUE						8/1/2016								President and			omer (speer	iy ociow)
	(Stre	et)			4. I	f An	nendme	nt, Date O	rigir	nal File	d (MM/I	DD/Y	YYYY	6. Individual o	or Joint/G	roup Filing	Check Appl	icable Line)
BOSTON, MA 02116 (City) (State) (Zip)													_ X _ Form filed b	X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
			Table	I - N	on-Der	ivati	ive Secu	ırities Acc	quir	ed, Dis	posed	of, c	or B	eneficially Owne	ed			
1. Title of Security (Instr. 3)			ns. Date			3. Trans. Code (Instr. 8)		4. Securities Acquired or Disposed of (D) (Instr. 3, 4 and 5)			d (A)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)				Beneficial Ownership		
								Code	V	Amou	nt (A)		Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock 8/1/201				2016	6		A		176247 (1)	8 A		\$0	1783496		D			
	Tabl	e II - Der	ivative	Secu	rities I	Bene	ficially	Owned (	e.g. ,	, puts,	calls, v	varı	rants	s, options, conve	rtible sec	urities)		
1. Title of Derivate Security (Instr. 3)	ccurity Conversion or Exercise Price of Derivative		3A. Dee Execution Date, if	on (	4. Trans. (Instr. 8)	ans. Code 5. Numb Derivati Acquire: Dispose (Instr. 3.		e Securities (A) or of (D)					ecuritie erivati	and Amount of es Underlying we Security and 4)	Derivative Security (Instr. 5)	Securities Beneficially Owned	Ownership Form of Derivative Security:	Beneficial
	Security				Code	v	(A)	(D)	Date Exer	cisable l	Expiration Date	n Ti		mount or Number of nares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	

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

(1) Represents a restricted stock award that will vest on the first anniversary of the date of the grant, subject to Dr. Barry's continued service.

#### Reporting Owners

reporting owners									
Paparting 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 8/3/2016
\*\* 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.