

# INSPIREMD, INC. Reported by

## STUKA PAUL

#### FORM 4

(Statement of Changes in Beneficial Ownership)

## Filed 09/02/20 for the Period Ending 08/31/20

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

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)				
Stuka Paul					In	spir	eMD,	Inc.	[ NS	SPR	.]					ŕ			
(Last) (First) (Middle)				3. I	3. Date of Earliest Transaction (MM/DD/YYYY)								X_ Director10% Owner  Officer (give title below) Other (specify below)						
C/O INSPIR		NC., 4 M	ENO	RAT				8	/31/	/202	20				Officer (giv	e title below	/)Ottn	er (specify t	elow)
HAMAOR S		0			1														
	(Stre	eet)			4. I	f An	nendme	nt, Date	e Ori	iginal	l File	d (MM/I	DD/Y	YYY)	6. Individual o	or Joint/G	roup Filing	(Check Appl	icable Line)
TEL AVIV, L3 6744832															X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)													roim incu by	Total filed by Work than one Reporting Ferson					
		,	Table 1	I - Non	-Der	ivat	ive Seci	urities <i>l</i>	Acqı	uired	l, Dis	posed	of, o	r Be	neficially Owne	ed			
1.Title of Security (Instr. 3) 2. Trans. D					Exec	Deemed ution if any	3. Trans. Code (Instr. 8)		01	4. Securities Acquor Disposed of (D (Instr. 3, 4 and 5)		D)	,	5. Amount of Securit Following Reported (Instr. 3 and 4)	ties Beneficially Owned Transaction(s)		Ownership Form:	7. Nature of Indirect Beneficial	
								Code		V	Amoui	nt (A)		Price					Ownership (Instr. 4)
Common Stock 8/31/202			20	0		A		23	38950	(1) A		\$0	243606		D				
	Tal	ble II - Der	ivative	Secur	ities	Ben	eficially	Owne	d ( <i>e</i> .	<i>g</i> ., p	uts, c	alls, w	arra	ınts,	options, conver	tible secu	urities)		
1. Title of Derivate Security (Instr. 3)	Conversion or Exercise Price of Derivative	Date I	Execution	A. Deemed xecution late, if any (Ins			5. Number of Derivative Secur Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expira		tion Date				Underlying e Security	Derivative Security	9. Number of derivative Securities Beneficially Owned	10. Ownership Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security				Code	V	(A)	(D	Ex	ate xercisa	able D	xpiration ate	Title	e	Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	
Options to purchase common stock (right to buy)	\$0.39	8/31/2020			A		79650			(2)	8/	/31/2030		ommo otock	n 79650	\$0	79678	D	

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

- (1) These shares of common stock represent shares of restricted stock, which vest and become exercisable in three equal annual installments, with 1/3 vesting on each of August 31, 2021, August 31, 2022 and August 31, 2023, subject to the Reporting Person's continued service.
- (2) The options vest and become exercisable in three equal installments, with 1/3 vesting on each of August 31, 2021, August 31, 2022 and August 31, 2023, subject to the Reporting Person's continued service.

#### **Reporting Owners**

_ 1 8								
Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	ips Officer(	Other				
Stuka Paul C/O INSPIREMD, INC.	X							
4 MENORAT HAMAOR ST. TEL AVIV, L3 6744832	11							

#### Signatures

/s/ Paul Stuka 9/2/2020

\*\*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.