

INSPIREMD, INC. Reported by BARER SOL J

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 02/02/15 for the Period Ending 01/26/15

Address 321 COLUMBUS AVENUE BOSTON, MA 02116 Telephone (857) 453-6553 CIK 0001433607 Symbol NSPR Fiscal Year 12/31

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FORM 4

[] 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. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issue					
		(Check all applicable)					
BARER SOL J	InspireMD, Inc. [NSPR]						
(Last) (First) (Middle)	3. Date of Earliest Transaction (MM/DD/YYYY)	X Director 10% Owner					
		Officer (give title below) Other (specify					
C/O INSPIREMD, INC., 800	1/26/2015	below)					
BOYLSTON STREET, 16TH							
FLOOR							
(Street)	4. If Amendment, Date Original Filed (MM/DD/YYYY)	6. Individual or Joint/Group Filing (Check Applicable Line)					
BOSTON, MA 02199							
(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	2. Trans.	2A.	3. Trans.		4. Securities	5. Amount of Securities Beneficially Owned 6. 7. Nature
(Instr. 3)	Date	Deemed	Code		Acquired (A) or	Following Reported Transaction(s) Ownership of Indirec
		Execution	(Instr. 8)		Disposed of (D)	(Instr. 3 and 4) Form: Beneficia
		Date, if			(Instr. 3, 4 and 5) Direct (D) Ownersh
		any		\square	(A)	or Indirect (Instr. 4)
				i I	or	(I) (Instr.
			Code	\mathbf{v}	Amount (D) Pi	ice 4)
			coue	Ľ	(D) 11	

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

		r	r		<u> </u>					r		r			
1. Title of Derivate	2.	3. Trans.	3A.	4.		5. Number of	of	6. Date Exer	rcisable	7. Title an	d Amount of	8. Price of	9. Number	10.	11. Nature
Security	Conversion	Date	Deemed	Trans.		Derivative		and Expirati	on Date	Securities	Underlying	Derivative	of	Ownership	of Indirect
(Instr. 3)	or Exercise		Execution	Code		Securities		_		Derivative	Security	Security	derivative	Form of	Beneficial
	Price of		Date, if	(Instr.		Acquired (A	A) or			(Instr. 3 ar	nd 4)	(Instr. 5)	Securities	Derivative	Ownership
	Derivative		any	8)		Disposed of	(D)						Beneficially	Security:	(Instr. 4)
	Security												Owned	Direct (D)	
	-					(Instr. 3, 4 a	nd						Following	or Indirect	
						5)							Reported	(I) (Instr.	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction (s) (Instr. 4)	/	
Stock Options (right to buy)	\$0.72	1/26/2015		A		91601		(1)	1/26/2025	Common Stock	91601	\$0	91601	D	

Explanation of Responses:

(1) The option vests in three equal annual installments, with 1/3 becoming exercisable on each of January 26, 2016, January 26, 2017 and January 26, 2018, subject to Dr. Barer's continued service.

Reporting Owners

Paparting Owner Name / Address	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
BARER SOL J									
C/O INSPIREMD, INC.									
800 BOYLSTON STREET, 16TH FLOOR	X								
BOSTON, MA 02199									

Signatures

/s/ Sol J. Barer	2/2/2015
** 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.