FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROV	OMB APPROVAL							
OMB Number:	3235-0287							
Estimated average burden hours per response	0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

			,	or Section	n 30	O(h) of the I	nves	tment (Compa	ny A	ct of 194	0							
Name and Address of Reporting Person* Arnold Kathryn 0001861350				2. Issuer Name and Ticker or Trading Symbol InspireMD, Inc. [NSPR]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) C/O INSPIREMD, INC.					3. Date of Earliest Transaction (Month/Day/Year) 05/17/2023								Officer (give title below)				Other (spe		
4 MENO	RAT HAN	MAOR ST.	_	4 15 0		december Dec		0-1-1-		/N 4 = ==	. H- /D /	()	n de de date e	l l-i-+/O	Fili	(0	NI- AII		
(Street)				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
TEL AV	IV L3	6	744832										X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(Sta	ate) (2	Zip)																
	Check	ction Indication this box to indicat ons of Rule 10b5-			nade	pursuant t	oac	contract	t, instru	ction	or writte	n plan that	is intended	I to satisfy t	he affirr	mative	e defense		
		Tab	le I – Non-De	rivativ	e S	ecurities	s Ac	quire	ed, Di	spo	sed of	, or Ben	eficially	J Owned					
1. Title of Security (Instr. 3)			2. Transa Date (Month/E		ear) Execu	2A. Deemed Execution Da any (Month/Day/\(^2\)		3. Transa Code 8)			rities Acquire ed Of (D) (Ins		5. Amount of Securities Beneficially Owned Foll Reported	Forr (D)		m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	e V Amour		unt (A) (D)	r Price	Transaction(s) (Instr. 3 and 4)				(
Common Stock				05/17/2023					A		149,2		\$0	181,2	1,211		D		
		1	able II – Deri	vative	Se	curities .	Acq	uired	I, Dis	pos	ed of,	or Benef	icially O	wned					
			(e.g.	, puts,	cal	ls, warra	ants	, opti	ions,	con	vertibl	e securi	ties)						
Security or Exercise (Month/Day/Year) any			Execution Date, if	4. Transac Code (Ir 8)		Derivative Securities Acquired (A	Securities Acquired (A) or Disposed of (D) Instr. 3, 4		Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Num of Derival Securit Benefic Owned Followi	tive ties cially d ing	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natu of Indired Beneficia Ownersh (Instr. 4)	
				Code	v	(A)	(D)	Da Exerci			oiration Oate	Title	Amount or Number of Shares		Reported Transaction (s) (Instr. 4)				
Options to purchase common stock (right to	\$1.76	05/17/2023		A		49,750			2)	05/17/2033		Commo Stock	¹ 49,750	\$0	59,0	11	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 May 17, 2024, May 17, 2025 and May 17, 2026, 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 May 17, 2024, May 17, 2025 and May 17, 2026, subject to the Reporting Person's continued service.

Remarks:

buy)

/s/ Craig Shore, Attorney-in-Fact for Kathryn Arnold

05/19/2023

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 Number.

 $^{^{\}star}$ 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).