FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

						00(11) 01 1110				,									
1. Name and Address of Reporting Person Shore Craig 0001517387				2. Issuer Name and Ticker or Trading Symbol InspireMD, Inc. [NSPR]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
(Last) (First) (Middle) C/O INSPIREMD, INC. 4 MENORAT HAMAOR ST.					3. Date of Earliest Transaction (Month/Day/Year) 05/17/2023								X		ficer (give title elow)			Other (specify below)	
(Street)	KAT HAW	IAOK 51.		.															
TEL AVI			6744832 (Zip)	4. If <i>F</i>	If Amendment, Date of Original Filed (Month/Day/Year)						'ear)	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
Rule 10b5-	Check t	ction Indication this box to indicate b5-1(c). See Instr	e that a transactio ruction 10.	n was m	ade	pursuant to	a coi	ntract,	instruc	ction o	r written	plan that is	intend	ded to s	satisfy the a	affirmativ	/e de	fense cond	itions of
													_						
		Ta	able I – Non-D	erivati	ve	Securitie	s A	cquir	ed, C	ispo	sed of	f, or Ben	eficia	ally O	wned			·	
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		/Year) Exec	Execution D					rities Acquire ed Of (D) (Ins			5. Amount of Securities Beneficially Following R	Owned eported	Forn (D) d	Ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	e V	Amo	unt (A) (D)		Price	Transaction (Instr. 3 and				(Instr. 4)		
Common Stock			05/17/2023							522,5	80 ⁽¹⁾ A	A \$0		641,219			D		
							_												
	<u> </u>		Table II – Der	ivative		curities	 Loa	uired	l Dis	nose	ed of o	r Benefi	cially	v Owi	ned		_		
						alls, warr								, 0	iica				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. Number of Transaction Code (Instr. Securities		Expiration Date Securit (Month/Day/Year) Derivation				7. Title and Securities U Derivative S 3 and 4)	Jnderly	ing	8. Price of Derivative Security (Instr. 5)	9. Numb of Derivati Securiti Benefici Owned Followir	ve es ially	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Da Exerc	ate sisable		oiration Date	Title	Nur	ount or nber of nares		Reported Transaction (s) (Instr. 4)			
Options to purchase common stock (right to	\$1.76	05/17/2023		A		174,190		((2)	05/1	7/2033	Common Stock	174	1,190	\$0	220,2	70	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

05/19/2023

** 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 Number.