## **Submission Data File**

General Information								
Form Type 4								
Contact Name	M2 Compliance							
Contact Phone	754-243-5120							
Contact E-mail	filing@m2compliance.com							
Return Copy	Yes							
	(End General Information)							

Document Information								
1								
Name 1	ownership.xml							
Type 1	4							
Description 1								
(End Document Information)								

1 of 1 05/01/2023 03:45 AM

3235-0287

0.5

FORM	4
------	---

## UNITED STATES SECURITIES AND EXCHANGE

4

COMMISSION

OMB APPROVAL

OMB Number:

per response

Estimated average burden hours

Washington, D.C. 20549

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

## 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

1. Name and Address of Reporting Person <sup>*</sup> 2 Arnold Kathryn		Person <sup>*</sup>	2. Issuer Name <b>and</b> Ticker or Trading Symbol InspireMD, Inc. [NSPR]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
				X Director 10% Owner					
(Last)	.ast) (First) (Middle)		3. Date of Earliest Transaction (Month/Day/Year)	Officer (give title Other (specify below) below)					
	EMD, INC. THAMAOR ST.		04/01/2023						
(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)					
TEL AVIV	L3	6744832		X Form filed by One Reporting Person					
(City) (State) (Zip)		(Zip)		Form filed by More than One Reporting Person					
Rule 10b5-1(c)	Fransaction Indication	on							

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Table I – Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership		
			Code	v	Amount (A) or Price		Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)			
Common Stock	04/01/2023		Α		4,167 <sup>(1)</sup>	A	<b>\$</b> 0	31,951	D			

	1		Derivative Sec e.g., puts, cal			•		•	•			Owned	1	I	1
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. Transac Code (li 8)		5. 6. Date Exercisable Number and Expiration Date		6. Date Exercisable 7. Title and Amount of			8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (1) (Instr. 4)	11. Natur of Indirec Beneficia Ownershi (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. The shares of common stock reported in this row represent shares of restricted stock that are earned and vested upon grant and are issued in lieu of cash compensation in connection with the Reporting Person's service on the Issuer's Board of Directors for the quarter ended March 31, 2023. Remarks:

/s/ Craig Shore, Attorney-in-Fact for Kathryn 04/04/2023

Arnold \*\* 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.