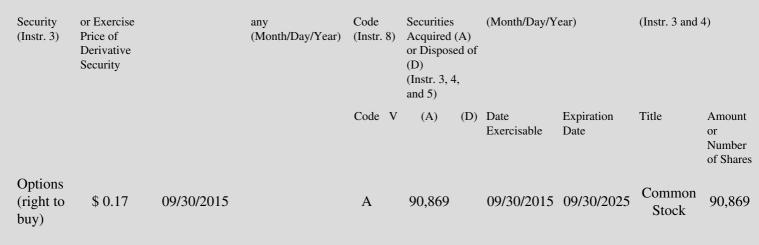
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InspireMD, Form 4									
October 02,							OMB A	PPROVAL	
FORM	VI 4 UNITED	STATES SECU			NGE (COMMISSION	OMB	3235-0287	
Check t if no lor subject Section Form 4 Form 5	nger to 16. or Filed pur	Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL (SECURITIES Filed pursuant to Section 16(a) of the Securities Exch					Number: Expires: Estimated burden hor response.	urs per	
obligati may con <i>See</i> Inst 1(b). (Print or Type	ntinue. Section 176	(a) of the Public 30(h) of the	•	• • •			n		
(F)								
1. Name and Stuka Paul	Address of Reporting	Symbo					5. Relationship of Reporting Person(s) to Issuer		
		InspireMD, Inc. [NSPR]				(Check all applicable)			
	IS PARTNERS, E LIBERTY SQUA	(Month 09/30	of Earliest Tra /Day/Year) '2015	ansaction		X Director Officer (give below)		% Owner her (specify	
BOSTON.	(Street) MA 02109		4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
(City)	(State)	(Zip) To				Person			
		- Id				uired, Disposed o		-	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction. Code	(A) or	: S) E 5) C F F F T	Securities H Beneficially (Dwned (5. Ownership Form: Direct D) or Indirect I) Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Re	port on a separate line	e for each class of se	curities benefi	cially owned di	rectly or	indirectly.			
				information required to	respon	ond to the collec ned in this form Id unless the for Iy valid OMB cor	are not m	SEC 1474 (9-02)	
	Tab	le II - Derivative So (e.g., puts, ca		iired, Disposed options, conve					
		saction Date 3A. Do /Day/Year) Execut		4. 5. N TransactionDer	umber of	f 6. Date Exercise Expiration Date		7. Title and Amount of Underlying Securities	

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Reporting Owners

Reporting Owner Name / Address		Relationsh			
1 9	Director	10% Owner	Officer	Other	
Stuka Paul C/O OSIRIS PARTNERS, LLC ONE LIBERTY SQUARE, 5TH FLOOI BOSTON, MA 02109	R X				
Signatures					
/s/ Paul Stuka 10/02/2015					
<u>**</u> Signature of Date Reporting Person					

Explanation of Responses:

* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.