### Edgar Filing: McCreery John K - Form 4

McCusamy John V

Form 4 May 01, 2018										
FORM	Л	STATES SECUR Was				NGE (	COMMISSION	OMB A OMB Number:	PPROVAL 3235-0287	
Washington, D.C. 20549Check this box if no longer subject to Section 16.STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP O SECURITIESForm 4 or Form 5 obligations may continue. See Instruction 1(b).Statement of the Securities Exchange Act of 1934 Section 17(a) of the Public Utility Holding Company Act of 1935 or Sect 30(h) of the Investment Company Act of 1940					e Act of 1934, f 1935 or Section	Expires:January 31, 2005Estimated average burden hours per response0.5				
(Print or Type R	esponses)									
McCreery John K Symbol			Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) IRADIMED SPRINGS B	CORP, 1025 WI	(Month/D	•	ansaction			Director Officer (give below)	10%	6 Owner er (specify	
			ndment, Date Original th/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>				
WINTER SH	PRINGS, FL 3270	)8						fore than One Re		
(City)	(State) (	Zip) Table	e I - Non-D	erivative S	ecurit	ies Aco	quired, Disposed of	, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8) Code V	4. Securit on(A) or Dis (D) (Instr. 3, 4 Amount	sposed	l of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	04/27/2018		М	15,625	А	<u>(1)</u>	23,625	D		

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

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.

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

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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. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	erivative Expiration Date ecurities (Month/Day/Year) cquired (A) Disposed of D) nstr. 3, 4,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. l De Sec (In
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	<u>(1)</u>	04/27/2018		М	15,625	(2)	(2)	Common Stock	62,500	

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
McCreery John K IRADIMED CORP 1025 WILLA SPRINGS BLVD WINTER SPRINGS, FL 32708			Chief Operating Officer			
Signatures						

/s/ John K.	05/01/2018
McCreery	05/01/2018

<u>\*\*</u>Signature of Reporting Person

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## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Restricted stock units convert into common stock on a one-for-one basis.

On April 27, 2017, the reporting person received restricted stock units under Iradimed Corporation's 2014 Equity Incentive Plan and pursuant to the reporting person's employment agreement with Iradimed Corporation. The restricted stock units vest in four equal annual

(2) pursuant to the reporting person's employment agreement with natined corporation. The restricted stock units vest in rour equal annual installments beginning on April 27, 2018. Upon vesting, the reporting person will receive a number of shares of common stock equal to the number of restricted stock units that have vested.

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.