#### Edgar Filing: Casey Francis X. - Form 4

Form 4	IS A.										
December 06											
FORM	UNITEL		SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						9PROVAL 3235-0287		
Check thi if no long subject to Section 1	ser STATE	MENT O	GES IN BENEFICIAL OWN SECURITIES				NERSHIP OF	Expires: Estimated a burden hou			
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1935 Section 17(a) of the Public Utility Holding Company Act of 1935 or Se 30(h) of the Investment Company Act of 1940							1935 or Section	response 0.			
(Print or Type F	Responses)										
1. Name and Address of Reporting Person <u>*</u> Casey Francis X.			2. Issuer Name <b>and</b> Ticker or Trading Symbol IRADIMED CORP [IRMD]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				(Chec	eck all applicable)			
C/O IRADIMED CORPORATION, 1025 WILLA SPRINGS DR.			(Month/Day/Year) 12/04/2018					Director 10% Owner Officer (give title Other (specify below) below) VP of Reg and Qual Assur			
	(Street)		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				
WINTER SI	PRINGS, FL 32	708						Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date any (Month/Day/Year)		n Date, if	3. 4. Securities Acquired ransaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) ear) (Instr. 8) (A)				Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial		
				Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock	12/04/2018			М	738	А	<u>(1)</u>	51,569	D		
Common Stock	12/04/2018			F	178	D	\$ 26.78	51,391	D		

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

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	a 3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	Derivative	Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price Derivat Securit (Instr. 5
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	<u>(1)</u>	12/04/2018		М	738	(2)	(2)	Common Stock	738	\$ C

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Casey Francis X. C/O IRADIMED CORPORATION 1025 WILLA SPRINGS DR. WINTER SPRINGS, FL 32708			VP of Reg and Qual Assur					

## Signatures

/s/ Francis X. Casey <u>\*\*Signature of</u> Reporting Person L2/06/2018 Date

#### **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).
- (1) Restricted stock units convert into common stock on a one-for-one basis.

On December 4, 2017, The reporting person received restricted stock units under Iradimed Corporation's 2014 Equity Incentive Plan. The
 (2) restricted stock units vest in four equal annual installments beginning on December 4, 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.