

## **IRADIMED CORP**

# Reported by **JOHNSON BRENT**

### FORM 4

(Statement of Changes in Beneficial Ownership)

### Filed 10/18/19 for the Period Ending 10/17/19

Address 1025 WILLA SPRINGS DR.

WINTER SPRINGS, FL, 32708

Telephone 4076778022

CIK 0001325618

Symbol IRMD

SIC Code 3841 - Surgical and Medical Instruments and Apparatus

Industry Medical Equipment, Supplies & Distribution

Sector Healthcare

Fiscal Year 12/31



[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 *				2. Issuer Name <b>and</b> Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
JOHNSON	BRENT	ı		n	RAI	DIME	D COR	P [ I]	RM	<b>D</b> ]				onedoic)	100		
(Las	st) (Fin	rst) (Mi	iddle)	3. Date of Earliest Transaction (MM/DD/YYYY)						Director10% Owner10% Country10% Owner10% Owner			below)				
C/O IRADIMED					10/17/2019							Exec. VP of V	Exec. VP of WW Sales and Mktg				
CORPORA SPRINGS I	,	025 WIL	LA														
(Street)				4.	4. If Amendment, Date Original Filed (MM/DD/YYYY)							6. Individual	6. Individual or Joint/Group Filing (Check Applicable Line)				
WINTER S	PRINGS	S, FL 3270	08										X Form filed b				
(	(City) (S	State) (Zip	p)										Form filed by	More than (	One Reporting F	erson	
			Table I	- Non-De	riva	tive Sec	urities A	cquir	ed, D	Dispos	ed o	f, or Be	eneficially Own	ed			
1.Title of Security (Instr. 3)			<del></del>	. Trans. Date	2A. Exe	Deemed ecution te, if any	3. Trans. Code (Instr. 8)				Acqu of (D)	ired (A)		ities Beneficially Owned		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership
							Code	V	Amo		A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock				10/17/2019			<b>A</b> (1)		200	00	A	\$0.93		3368		D	
Common Stock				10/17/2019		S <sup>(1)</sup>			200		D	\$22.6	1368		D		
				10/18/2019			<b>A</b> (1)		2000 A \$0.93		3368			D			
Common Stock				10/18/2019	9 S(1)			200	00	D	\$22.9	1368		D			
	Ta	able II - Dei	rivative	Securities	s Bei	neficially	y Owned	(e.g.,	puts	s, calls	s, wa	rrants,	options, conver	rtible sec	urities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deen Execution Date, if an	n Code	Derivative Securities		s Acquired sposed of		Date Exercisable and appiration Date			Securitie:	nd Amount of s Underlying e Security and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following	Ownership of Form of Derivative (Security: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercis		Expirati Date	ion	Title	Amount or Number of Shares	Number of Transaction	Reported Transaction(s) (Instr. 4)	or Indirect (I) (Instr. 4)	
Stock Option (Right to Buy)	\$0.93	10/17/2019		M (1)			2000	<u>(2</u>	2	12/27/2	2021	Commo Stock	on 2000	\$0	109060	D	
Stock Option (Right to Buy)	\$0.93	10/18/2019		M (1)			2000	<u>(2</u>	2	12/27/2	2021	Commo Stock	on 2000	\$0	107060	D	

#### **Explanation of Responses:**

- (1) The exercises and sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on May 15, 2019.
- (2) This option, representing a right to purchase a total of 432,775 shares, was granted on 12/31/2011 and vests over 4 years in equal annual installments commencing on the first anniversary of the grant date.

#### **Reporting Owners**

Paparting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
JOHNSON BRENT C/O IRADIMED CORPORATION 1025 WILLA SPRINGS DR. WINTER SPRINGS, FL 32708			Exec. VP of WW Sales and Mktg				

#### **Signatures**

/s/ Brent Johnson	10/18/2019			
**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 control number.