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IRADIMED CORP Form 3 July 15, 2014

UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3 Washington, D.C. 20549

OMB APPROVAL

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SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting

Person *

Waldman Louis S.

(Last)

(First)

(Middle)

Statement

(Month/Day/Year)

07/15/2014

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

IRADIMED CORP [IRMD]

(Check all applicable)

(give title below) (specify below)

Controller

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

C/O IRADIMED CORPORASTION, Â 1025 WILLA SPRINGS DR.

(Street)

Director _X__ Officer

10% Owner Other

6. Individual or Joint/Group Filing(Check Applicable Line)

X Form filed by One Reporting

Person

Form filed by More than One

Reporting Person

WINTER SPRINGS, Â FLÂ 32708

(City)

(Instr. 4)

1. Title of Security

(State)

(Zip)

2. Amount of Securities

Beneficially Owned

(Instr. 4)

3. Ownership

Table I - Non-Derivative Securities Beneficially Owned

4. Nature of Indirect Beneficial

Ownership (Instr. 5)

Form: Direct (D) or Indirect (I)

(Instr. 5)

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

SEC 1473 (7-02)

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

1. Title of Derivative Security 2. Date Exercisable and (Instr. 4)

Expiration Date (Month/Day/Year)

3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)

4. Conversion or Exercise

Ownership Form of Derivative

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6. Nature of Indirect Beneficial

Ownership

Date

Expiration

Title

Amount or

Price of Derivative Security

(Instr. 5) Security: Direct (D)

Exercisable Date Number of

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				Shares		or Indirect (I) (Instr. 5)	
Employee Stock Option (Right to Buy)	(1)	09/11/2017	Common Stock	26,250	\$ 1.29	D	Â
Employee Stock Option (Right to Buy)	(2)	11/18/2022	Common Stock	8,750	\$ 1.29	D	Â
Employee Stock Option (Right to Buy)	(3)	12/11/2023	Common Stock	17,500	\$ 1.29	D	Â
Employee Stock Option (Right to Buy)	(4)	12/29/2023	Common Stock	8,750	\$ 1.48	D	Â
Series A Convertible Preferred Stock	04/14/2014	(5)	Common Sock	140,000	\$ (5)	I	By Louis Waldman Trust

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Waldman Louis S.						
C/O IRADIMED CORPORASTION	Â	â	Controller	Â		
1025 WILLA SPRINGS DR.	A	A	A Controller	A		
WINTER SPRINGS, FL 32708						

Signatures

/s/ Louis S.
Waldman

**Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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) This option is fully vested and exercisable
- (2) This option was granted on 11/20/2012 and vests over 4 years in equal annual installments commencing on the first anniversary of the grant date.
- (3) This option was granted on 12/13/2013 and vests over 4 years in equal annual installments commencing on the first anniversary of the grant date.
- (4) This option was granted on 12/31/2013 and vests over 4 years in equal annual installments commencing on the first anniversary of the grant date.
- The Series a Convertible Preferred Stock is convertible into Iradimed Corporation Common Stock on a one-for-one basis and has no expiration date. The shares will automatically convert upon the closing of Iradimed Corporation's intial public offering if the aggregate amount of the offeringis not less than \$10,000,000.

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.

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