

# **INSPIREMD, INC.**

Reported by  
**HOLZER ASHER**

## **FORM 3**

(Initial Statement of Beneficial Ownership)

Filed 04/05/11 for the Period Ending 04/05/11

|             |   |
|-------------|---|
| Address     | 321 COLUMBUS AVENUE<br>BOSTON, MA 02116               |
| Telephone   | (857) 453-6553  |
| CIK         | 0001433607  |
| Symbol      | NSPR  |
| SIC Code    | 3841 - Surgical and Medical Instruments and Apparatus |
| Industry    | Medical Equipment & Supplies                          |
| Sector      | Healthcare  |
| Fiscal Year | 12/31   |

# FORM 3

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

OMB APPROVAL  
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## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a)  
of the Public Utility Holding Company Act of 1935 or Section 30(h) of the  
Investment Company Act of 1940

|  |  |  |
|--|--|--|
| 1. Name and Address of Reporting Person *<br><b>Holzer Asher</b> | 2. Date of Event Requiring Statement<br>(MM/DD/YYYY)<br><b>4/5/2011</b>  | 3. Issuer Name <b>and</b> Ticker or Trading Symbol<br><b>InspireMD, Inc. [SAGU]</b>  |
| (Last) (First) (Middle)<br><b>3 MENORAT HAMOR ST</b>             | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable)<br><br><input type="checkbox"/> Director <span style="margin-left: 150px;"><input type="checkbox"/> 10% Owner</span><br><input checked="" type="checkbox"/> Officer (give title below) <span style="margin-left: 100px;"><input type="checkbox"/> Other (specify below)</span><br><b>PRESIDENT /</b> |  |
| (Street)<br><b>TEL AVIV, L3 67448</b>                            | 5. If Amendment, Date Original Filed<br>(MM/DD/YYYY)   | 6. Individual or Joint/Group Filing (Check Applicable Line)<br><br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person |
| (City) (State) (Zip)   |  |  |

### Table I - Non-Derivative Securities Beneficially Owned

| 1. Title of Security<br>(Instr. 4) | 2. Amount of Securities Beneficially Owned<br>(Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I)<br>(Instr. 5) | 4. Nature of Indirect Beneficial Ownership<br>(Instr. 5) |
|------------------------------------|--|---|--|
| <b>COMMON STOCK</b>                | <b>10300437</b>  | <b>D</b>  |  |

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

| 1. Title of Derivate Security<br>(Instr. 4) | 2. Date Exercisable and Expiration Date<br>(MM/DD/YYYY) |                 | 3. Title and Amount of Securities Underlying Derivative Security<br>(Instr. 4) |                            | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form of Derivative Security: Direct (D) or Indirect (I)<br>(Instr. 5) | 6. Nature of Indirect Beneficial Ownership<br>(Instr. 5) |
|---|---|-----------------|--|----------------------------|--|--|--|
|   | Date Exercisable  | Expiration Date | Title  | Amount or Number of Shares |  |  |  |
|   |   |                 |  |                            |  |  |  |

### Explanation of Responses:

### Reporting Owners

| Reporting Owner Name / Address                                    | Relationships |           |                  |       |
|---|---------------|-----------|------------------|-------|
|   | Director      | 10% Owner | Officer          | Other |
| <b>Holzer Asher<br/>3 MENORAT HAMOR ST<br/>TEL AVIV, L3 67448</b> | <b>X</b>      |           | <b>PRESIDENT</b> |       |

### Signatures

/s/ Asher Holzer

4/5/2011

\*\* 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 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).

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.