

# INSPIREMD, INC.

# Reported by WEINSTEIN EYAL

## FORM 3

(Initial Statement of Beneficial Ownership)

# Filed 08/30/11 for the Period Ending 08/08/11

Address 321 COLUMBUS AVENUE

**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





### UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

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2011

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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

Person * Stater		2. Date of Event Requiring Statement (MM/DD/YYYY) 8/8/2011		3. Issuer Name and Ticker or Trading Symbol InspireMD, Inc. [NSPR.OB]							
(Last) (First) (Middle)	4. Relation	ship of Rep	orting	g Person(s) to I	ssuer (	Check a	ll app	licable)			
C/O LEOREX LTD., P.O.B. 1506 MATAM		X Director Officer (give title below)			10% Owner Other (specify below)						
(Street) HAIFA, L3 31905	5. If Amendment, Date Original Filed (MM/DD/YYYY)			6. Individual or Joint/Group Filing (Check Applicable Line)  _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person							
(City) (State) (Zip)											
	Table I - N	on-Derivat	tive Se	ecurities Bene	ficially	Owned	l				
1.Title of Security (Instr. 4)		2. Amo Benefic (Instr. 4	cially (	Securities Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		rect Beneficial		
Table II - Derivative Secu	rities Benefic	cially Own	ed ( <i>e</i> .	g. , puts, calls	, warra	ants, op	tions,	convertible	e securities)		
(Instr. 4) and Expiration Date (MM/DD/YYYY) Sec		Secui Deriv	. Title and Amount of ecurities Underlying Perivative Security Instr. 4)		4. Conversor Executive or Executive of Deriva	ersion ercise of ative	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
		Expiration Date	Title	Amount or Nu of Shares	ımber			or Indirect (I) (Instr. 5)			

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

No securities are beneficially owned.

**Reporting Owners** 

Paparting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% O	wner	Officer	Other			
Weinstein Eyal								
C/O LEOREX LTD.	$\mathbf{x}$							
P.O.B. 1506 MATAM	Λ.							
HAIFA, L3 31905								

#### **Signatures**

/s/ Eyal Weinstein 8/30/2011 Date

\*\* Signature of Reporting Person

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.