FORM 4

Check this box if no longer subject to

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

OMB APPROVAL OMB 3235-Number: 0287 Expires: November 30, 2011 Estimated average burden hours per 0.5

Section 16. Form 4 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF or Form 5 obligations may continue. See Instruction 1(b).

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

SECURITIES

(Print or Type F	Responses)											
1. Name and A Person - KOOB CHAF	2. Issuer Name and Ticker or Trading Symbol MRI INTERVENTIONS, INC. [NONE]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director Officer (give titleOther (specify					
(Last) C/O MRI INT INC., ONE C SUITE 2550	(Month/D	f Earliest 9ay/Year) 012	Tra	nsaction		below)	below)					
	4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check						
MEMPHIS, 1	Filed(Month/Day/Year)						Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)								Acquired, Disposed of, or Beneficially ned				
Security	2. Transaction Date (Month/Day/Year)	any	n Date, if N Date, if Code Day/Year) (Instr. 8)			Acquired (A) or Disposed of (D)			5. Amount of Securities Beneficially Owned	Ownership Form:	7. Nature of Indirect Beneficial Ownership	
				Code	v	Amount	(A) or (D)	Price	Following Reported Transaction(s) (Instr. 3 and 4)	or Indirect (I) (Instr. 4)	(Instr. 4)	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4. 5. Nun		5. Numb	. Number 6. Date Exercisable and		7. Title and Amount		8. Price of	9. Number of	10.	11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transaction of		of		Expiration Date		of Underlying		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	Code Derivative		/e	(Month/Day/Year)		Securities		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8) Securities		s	1		(Instr. 3 and 4)		(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative				Acquired					Owned	Security:	(Instr. 4)			
	Security				(A) or				Following	Direct (D)					
				Disposed of							or Indirect				
						(D)					Transaction(s)	• /			
					(Instr. 3, 4,							(Instr. 4)	(Instr. 4)		
					-	and 5)									
											Amount				
								Date	Expiration		or				
								Exercisable		Title	Number				
											of				
				Code	۷	(A)	(D)				Shares				
Stock															
Option	• 1	04/10/0010		•		45 000		(1)	04/13/2022	Common	45 000	ф о	45.000	_	
(right to	\$ 1	04/13/2012		A		45,000		<u>(1)</u>	04/13/2022	Stock	45,000	\$ 0	45,000	D	
buy)															

Reporting Owners

Depending Opport Name (Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
KOOB CHARLES E C/O MRI INTERVENTIONS, INC. ONE COMMERCE SQUARE, SUITE 2550 MEMPHIS, TN 38103	х						

Signatures

/s/ Oscar Thomas, by power of attorney for Charles E. Koob	04/17/2012
-Signature of Reporting Person	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) The shares subject to this option vest ratably on the first, second and third anniversaries of the grant date, April 13, 2013, April 13, 2014 and April 13, 2015.

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.