FORM 4

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

STATEMENT OF CHANGES IN 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

OMB /	APPROVAL
OMB	3235
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burden h	ours per
response	0.

Name and Addres Ryan Michael J.	s of Reporting Perso	2. Issuer Na Symbol MRI INTE [MRIC]				Ü		X Director Officer (give title	applicable)	` '
C/O MRI INTER INC., ONE COM STE 2550		(Month/Day/		nsac	tion			below)		
MEMPHIS, TN 3	Street) 8103	4. If Amendn Filed(Month/Da		Or	iginal			6. Individual or Joint/C Applicable Line) _X_ Form filed by One Repo Form filed by More than	orting Person	
(City)	(State) (Zip)	Table I - I	Non-Der	ivat	ive Secur	ities	Acqui	red, Disposed of, or l	Beneficially	Owned
1.Title of Security (Instr. 3)	Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code		4. Securi Acquired Disposed (Instr. 3,	d (A)	D)	5. Amount of Securities Beneficially Owned Following Reported	Form: Direct (D)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock	06/28/2013		A		5,150	A	\$ 1.1 (1)	9,317	D	
Reminder: Report on directly or indirectly.	a separate line for ea	ch class of securitie	s benefic	ially	owned					
<u> </u>				inf re	ormation	n co res	ntaine pond	nd to the collection and in this form are r unless the form dis control number.	ot	SEC 1474 (9-02)

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.		6. Date Exer	rcisable	7. Ti	tle and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	Num	ber	and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day	/Year)	Unde	erlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8))	Deriv	ative			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Secui	rities			(Inst	r. 3 and		Owned	Security:	(Instr. 4)
	Security					Acqu	ired			4)			Following	Direct (D)	
						(A) o	r						Reported	or Indirect	
						Dispo	osed						Transaction(s)	(I)	
						of (D)						(Instr. 4)	(Instr. 4)	
						(Instr	. 3,								
						4, and	15)								
											Amount				
								Data	F		or				
								Date Exercisable	Expiration Date	Title	Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				

Reporting Owners

Reporting Owner Name / Address		Relationsh	ips	
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
Ryan Michael J. C/O MRI INTERVENTIONS, INC. ONE COMMERCE SQUARE, STE 2550 MEMPHIS, TN 38103	X			

Signatures

	/s/ Oscar Thomas, by Power of Attorney for Michael J. Ryan	07/01/2013
ľ	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).
- These shares were issued to the reporting person pursuant to the issuer's Non-Employee Director Compensation Plan, in payment of fees (1) owed to the reporting person under such plan. The shares were issued at a price of \$1.10 per share, representing the volume-weighted average price of the issuer's common stock for the 5-trading day period ending June 28, 2013.

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.