### 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 A	PPROVAL
OMB	3235
Number:	028
Expires:	November 30 201
Estimated	average
burden ho	ours per
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(Print or Type Responder)  1. Name and Address Bottomley Paul A	s of Reporting Perso		2. Issuer Na Symbol MRI INTEI [MRIC]						5. Relationship of Rep Issuer (Check all X Director Officer(give title	applicable)	· ´
(Last) (CO MRI INTER' INC., ONE COMI STE 2550		) :	3. Date of Ear (Month/Day/ 06/28/2013		nsac	tion			below)	Other()	specify below)
MEMPHIS, TN 3	Street) 8103		4. If Amendm 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)	2. Transaction Date (Month/Day/Year)	Execu any	Deemed attion Date, if th/Day/Year)	Code		4. Securi Acquired Disposed (Instr. 3,	d (A)	D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership 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)	140,233	D (2)	
Reminder: Report on directly or indirectly.	a separate line for ea	ach clas	ss of securitie	s benefic	,		hor	enor	nd to the collection	of	SEC 1474
					inf red	ormatio	n co res	itaine pond	ed in this form are r unless the form dis control number.	not	(9-02
			ive Securities	-	- 1	-			eficially Owned		
1 7771	(8	0 / 1	nts, cans, war							1 0 7	

1. Title of	2.	<ol><li>Transaction</li></ol>	3A. Deemed	4.	5.		6. Date Exer	rcisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	Numl	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			(Instr	: 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				
							_			or				
							Date	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
Bottomley Paul A. C/O MRI INTERVENTIONS, INC.				
ONE COMMERCE SQUARE, STE 2550 MEMPHIS, TN 38103	X			

## **Signatures**

/s/ Oscar Thomas, by Power of Attorney for Paul A. Bottomley	07/01/2013
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.
- (2) Includes 80,000 shares held jointly with spouse.

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.