FORM 4

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

Į	OMB APPROVAL							
	OMB	3235-						
	Number:	0287						
	Expires:	November 30, 2011						
	Estimate burden h	d average ours per						

(Print or Type Responses) 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to 1. Name and Address of Reporting Person * Korn Robert C. (Check all applicable) MRI INTERVENTIONS, INC. 10% Owner Officer (give title _____ Other (specify below) [MRIC] elow) (First) 3. Date of Earliest Transaction VP, Global Sales & Marketing C/O MRI INTERVENTIONS, (Month/Day/Year) INC., ONE COMMERCE SQUARE, 11/05/2013 STE 2550 (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Applicable Line)
X Form filed by One Reporting Person
___ Form filed by More than One Reporting Filed(Month/Day/Year) MEMPHIS, TN 38103 Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of Security 2. Transaction 2A. Deemed 4. Securities 5. Amount of Date Ownership of Indirect (Instr. 3) Execution Date, if Transaction Acquired (A) or Securities (Month/Day/Year) Code Disposed of (D) Beneficially Owned Beneficial Form: Ownership (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Following Reported Direct (D) Transaction(s) or Indirect (Instr. 4) (A)

Reminder: Report on a separate line for each class of securities benefici directly or indirectly.	ally owned	
	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.	SEC 1474 (9-02)

Code

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	(-8, F, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,														
1. Title o	2.	3. Transaction	3A. Deemed	4.		5. Numbe	r of	6. Date Exer	rcisable and	7. Title and	Amount	8. Price of	9. Number of	10.	11. Nature
Derivativ	e Conversion	Date	Execution Date, if	Transac	ransaction Derivative		Expiration Date		of Underlying		Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code	Code Securities		(Month/Day/Year) S		Securities		Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of	,	(Month/Day/Year)	(Instr. 8			(Instr. 3 and 4)		14)	(Instr. 5)	Beneficially	Derivative	Ownership		
<u> </u>	Derivative		`	`		or Disposed		, , , ,		` ′			(Instr. 4)		
	Security					of (D)	•							Direct (D)	,
	~					(Instr. 3, 4,						or Indirect			
						and 5)					Transaction(s)				
						unu 5)	1					1	` '	(Instr. 4)	
											Amount		(IIIsu. 4)	(111511. 4)	
									Expiration	Title	or				
								Exercisable	Date	Title	Number				
				Code	V	(A)	(D)				of Shares				
Stock															
										Common					
Option	\$ 1.51	11/05/2013		Α		100,000		<u>(1)</u>	11/05/2023	Common	100,000	\$0	100,000	D	
(right to						ĺ				Stock	Í				
buy)															

(Instr. 3 and 4)

(D) Pric

(I) (Instr. 4)

Reporting Owners

Donouting Orymon Nome / Addungs	Relationships						
Reporting Owner Name / Address		10% Owner	Officer	Other			
Korn Robert C. C/O MRI INTERVENTIONS, INC. ONE COMMERCE SQUARE, STE 2550 MEMPHIS, TN 38103			VP, Global Sales & Marketing				

Signatures

/s// Oscar Thomas, by Power of Attorney for Robert C. Korn	11/06/2013
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).
- (1) The shares subject to this option vest ratably on the first, second and third anniversaries of the grant date, November 5, 2014, November 5,

⁽¹⁾ 2015 and November 5, 2016.

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.