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

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**

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, response... Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 (Print or Type Responses)

Name and Addre Carlson David W	ss of Reporting Pers  7.	on *	2. Issuer Na Symbol MRI INTE [MRIC]			Ü	DirectorX_ Officer (give title	l applicable)	` '	
C/O MRI INTER INC., ONE COM STE 2550	3. Date of Earliest Transaction (Month/Day/Year) 11/05/2013				Chief Fina	ancial Officer				
(Street) MEMPHIS, TN 38103			4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/ Applicable Line) _X_ Form filed by One Rep Form filed by More that			
(City)	(State) (Zip)	•	Table I -	Non-Deriv	ative Secur	ities Acq	uired, Disposed of, or	Beneficially	Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Exect any	ution Date, if	3. Transaction Code (Instr. 8)	Disposed (Instr. 3,	(A) or of (D) 4 and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Report or directly or indirectly	n a separate line for e	ach cla	ass of securitie	es beneficia	lly owned					
				i	nformatio equired to	n contair o respon	ond to the collection ned in this form are d unless the form di B control number.	not	SEC 1474 (9-02)	
			ative Securitie outs, calls, war	-	, ·		neficially Owned			
1. Title of 2.	3. Transaction		A. Deemed	4.	<u> </u>			7. Title and A	Amount 8. Pr	rice of 9. Number of 10

1. Title of	<b>L</b> .	5. Hansacuon	SA. Deemed	4.		J. Nulliu	ei	o. Date Exe	icisable and	7. The and	Amount	o. Price of	9. Nulliber of	10.	11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transact	tion	of		Expiration I	Date	of Underlyi	ng	Derivative	Derivative	Ownership	of Indirect	ı
Security	or Exercise	(Month/Day/Year)	any	Code		Derivativ	ve	(Month/Day	y/Year)	Securities		Security	Securities	Form of	Beneficial	ı
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	)	Securitie	es			(Instr. 3 and	14)	(Instr. 5)	Beneficially	Derivative	Ownership	ı
	Derivative					Acquired	d						Owned	Security:	(Instr. 4)	ı
	Security					(A) or							Following	Direct (D)		ı
						Dispose	d of						Reported	or Indirect		ı
						(D)							Transaction(s)	(I)		ı
						(Instr. 3,	, 4,						(Instr. 4)	(Instr. 4)		ı
						and 5)										ı
											Amount					ı
								n .	n		or					ı
									Expiration	Title	Number					ı
								Exercisable	Date		of					ı
				Code	V	(A)	(D)				Shares					ı
Stock																l
Option										Common						ı
-	\$ 1.51	11/05/2013		Α		75,000		<u>(1)</u>	11/05/2023	Common Stock	75,000	\$0	75,000	D		ı
(right to										Stock						ı
buy)																ı

# **Reporting Owners**

Peneuting Owner Name / Address		Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Carlson David W.									
C/O MRI INTERVENTIONS, INC.			Chief Financial Office						
ONE COMMERCE SQUARE, STE 2550			Ciliei Filialiciai Officei						
MEMPHIS, TN 38103									

## **Signatures**

/s/ Oscar Thomas, by Power of Attorney for David W. Carlson	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, 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.