longer subject to

Form 5 obligations may continue. See Instruction 1(b).

Section 16. Form 4 or

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL OMB 3235-Number: 0287 Estimated average burden hours per response...

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Respo	onses)							
Name and Addre Pizzo Philip A.	Symbol			eer or Trading	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
C/O MRI INTERINC., ONE COM STE 2550	(Month/D	•	nsa	ction	below)			
MEMPHIS, TN	4. If Amer Filed(Mont	ndment, Da h/Day/Year)	te O	riginal	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State) (Zip)	Table	I - Non-De	riva	tive Securities Acqu	ired, Disposed of, or	Beneficially (Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Yea	Code		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Reminder: Report or directly or indirectly	n a separate line for e	ach class of secur	rities benefi	cially	y owned			
				in re	formation contair equired to respond	and to the collection ned in this form are d unless the form di 3 control number.	not	SEC 1474 (9-02)
	Table II - I	Derivative Secur	ities Acqui	red.	Disposed of, or Be	neficially Owned		

$(e.g., {\it puts}, {\it calls}, {\it warrants}, {\it options}, {\it convertible} \ {\it securities})$

		(0				ŕ		1							
1. Title of	2.	Transaction	3A. Deemed	4.		5. Numb	oer	Date Exe	rcisable and	Title and	Amount	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction		of		Expiration Date		of Underlying		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Derivati	ve	(Month/Day/Year)		Securities		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)				(Instr. 3 and 4)		(Instr. 5)	Beneficially	Derivative	Ownership			
	Derivative					Acquire	d						Owned	Security:	(Instr. 4)
	Security					(A) or							Following	Direct (D)	, i
						Disposed of					Reported	or Indirect			
						(D)						Transaction(s)	(I)		
						(Instr. 3.	. 3, 4,					(Instr. 4)	(Instr. 4)		
						and 5)									
											Amount				
											or				
									Expiration	Title	Number				
								Exercisable	Date	Title	of				
				Code	V	(A)	(D)				Shares				
C. I				Code		(-1)	(2)				ona co				
Stock															
Options	\$ 0.8	06/04/2014		Α		20,000		<u>(1)</u>	06/04/2024	Common	20,000	\$0	20,000	D	
(right to	Ψ 0.0	00/04/2014		71		20,000		/	00/04/2024	Stock	20,000	Ψυ	20,000	D	
buy)															
04,7															

Reporting Owners

Departing Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Pizzo Philip A. C/O MRI INTERVENTIONS, INC. ONE COMMERCE SQUARE, STE 2550 MEMPHIS, TN 38103	X						

Signatures

/s/ Oscar Thomas, by Power of Attorney for Philip A. Pizzo	06/05/2014
—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 will vest in full on the earlier of (i) June 4, 2015, or (ii) the day immediately preceding the Company's 2015 annual meeting of stockholders, pursuant to the terms of the Company's Non-Employee Director Compensation Plan.

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.