FORM 4

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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 OMB APPROVAL Washington, D.C. 20549 OMB

3235-Number: 0287 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Estimated average burden hours per response...

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

SECURITIES

(Print or Type Responses)										
1. Name and Addres KOOB CHARLE	on [*] 2. Issuer N Symbol MRI INTE [MRIC]			er or Trading	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) 10% Owner Officer (give title Other (specify below)					
(Last) C/O MRI INTER INC., ONE COM STE 2550	· · · · ·	(Month/Day	/Year)	nsac	stion	below)				
MEMPHIS, TN 3	4. If Amenda Filed(Month/I	· · ·	e Oı	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)	Table I -	Non-Der	riva	tive Securities Acqui	uired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code	ion	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)	Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deemed Execution Date, if	4. Transac		5. Numł of		 Date Exer Expiration I 		7. Title and of Underly		 Price of Derivative 	9. Number of Derivative	10. Ownership	11. Nature of Indirect
Security		(Month/Day/Year)		Code		Derivati		•		20					Beneficial
(Instr. 3)	Price of	((Month/Day/Year)				Securities)					Derivative	
` ´	Derivative		``````````````````````````````````````	Ì		Acquire	d			, ,			-	Security:	(Instr. 4)
	Security					(A) or						Following	Direct (D)		
						Dispose	d of					1	or Indirect		
						(D)						Transaction(s)			
						(Instr. 3)	, 4,						(Instr. 4)	(Instr. 4)	
						and 5)									
											Amount				
								Date	Expiration		or				
								Exercisable	1	Title	Number				
					v						of				
	-			Code	v	(A)	(D)				Shares				
Stock															
Options	\$ 0.8	06/04/2014		А		20,000		<u>(1)</u>	06/04/2024	Common Stock	20.000	\$0	20,000	D	
(right to	φ 0.0	00/04/2014		11		20,000			00/04/2024	Stock	20,000	ψŪ	20,000	D	
buy)															

Reporting Owners

Den erting Ormen Name (Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
KOOB CHARLES E C/O MRI INTERVENTIONS, INC. ONE COMMERCE SQUARE, STE 2550 MEMPHIS, TN 38103	Х							

Signatures

/s/ Oscar Thomas, by Power of Attorney for Charles E. Koob	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.