FORM 4	4
--------	---

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

D.

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... 0.5

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

(Fint of Type Respon	1868)										
1. Name and Address Sainz Maria	2. Issuer Na Symbol MRI INTE [MRIC]				C		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director 10% Owner Officer (give title Other (specify below)				
(Last) (F C/O MRI INTER INC., ONE COMM STE 2550		3. Date of Earliest Transaction (Month/Day/Year) 09/30/2014						below)			
(S MEMPHIS, TN 38								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) (S	State) (Zip)		Table I - Non-Derivative Securities Acqui						red, Disposed of, or H	Beneficially	Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Exect any	Deemed ution Date, if nth/Day/Year)	Code	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A)		D) d 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I)	Beneficial Ownership	
				Code	v	Amount	or (D)	Price	î î	(Instr. 4)	
Common Stock	09/30/2014			А		2,981	А	\$ 1.23 (1)	9,585	Ι	Maria Sainz Trust

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

Per	sons who respond to the collection of SEC 1474
info	rmation contained in this form are not (9-02
req	ired to respond unless the form displays a
cur	ently valid OMB control number.

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

	(<i>e.g.</i> , puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.		6	6. Date Exer	cisable	7. Tit	tle and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	n N	umber	: 2	and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	of	i i	((Month/Day	/Year)	Unde	erlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	D	erivativ	ve			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Se	ecuritie	es			(Inst	r. 3 and		Owned	Security:	(Instr. 4)
	Security				Α	cquire	d			4)			Following	Direct (D)	
					(A	A) or							Reported	or Indirect	
					D	ispose	d						Transaction(s)	(I)	
					of	f (D)							(Instr. 4)	(Instr. 4)	
						nstr. 3,	r. 3,								
					4,	, and 5))								
											Amount				
								Ditte	E		or				
									Expiration	Title	Number				
							1	Exercisable	Date		of				
				Code V	/ (/	A) (D))				Shares				

Reporting Owners

Bonorting Ormon Norro / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Sainz Maria C/O MRI INTERVENTIONS, INC. ONE COMMERCE SQUARE, STE 2550 MEMPHIS, TN 38103	Х							

Signatures

/s/ Oscar Thomas, by Power of Attorney for Maria Sainz	10/02/2014
-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).
- These shares were issued pursuant to the issuer's Non-Employee Director Compensation Plan, in payment of fees owed to the reporting (1) person under such plan. The shares were issued at a price of \$1.23 per share, representing the volume-weighted average price of the issuer's common stock for the 5-trading day period ending September 30, 2014.

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.