FORM	4
------	---

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

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL Washington, D.C. 20549 OMB 323

	OMB	3235-				
	Number:	0287				
IP OF	Estimated average					
	burden hours per					
	response	0.5				

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 of Type Respon										
1. Name and Address Pizzo Philip A.	n <sup>*</sup> 2. Issuer Na Symbol MRI INTE [MRIC]				U		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <u>-X</u> _Director10% Owner Officer (give title Other (specify below) below)			
(Last) (F C/O MRI INTERV INC., ONE COMM STE 2550	(Month/Day/	3. Date of Earliest Transaction (Month/Day/Year) 09/30/2014								
(SI MEMPHIS, TN 38	4. If Amendn Filed(Month/D		e Or	iginal		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	Table I -	Non-Dei	ivat	ive Secur	ities	ired, Disposed of, or Beneficially Owned				
	(Instr. 3) Date Exec (Month/Day/Year) any		hed 3. 4. Securities h Date, if Transaction Acquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)			D)	5. Amount of Securities Beneficially Owned Following Reported	Ownership Form: Benef Direct (D) Owne	Beneficial Ownership	
			Code	v	Amount	(A) or (D)		Transaction(s) (Instr. 3 and 4)	or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock	09/30/2014		А		3,387	А	\$ 1.23 (1)	18,890	Ι	By Philip and Margaret Pizzo Living Trust

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 (9-02) 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	2.	3. Transaction	3A. Deemed	4.		5.		6. Date Exer	rcisable	7. Tit	tle and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	Num	ber	and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of	× • • •		Unde	erlying	Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	)	Deriv	vative			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Secu	rities			(Inst	r. 3 and			Security:	(Instr. 4)
	Security					Acqu	ired			4)			0	Direct (D)	
						(A) 0	r						Reported	or Indirect	
						Dispo							Transaction(s)	~ /	
						of (D	/						(Instr. 4)	(Instr. 4)	
						(Instr									
						4, and	15)				r				
											Amount				
								Date	Expiration		or				
								Exercisable	Expiration Date	Title	Number				
									Date		of				
				Code	V	(A)	(D)				Shares				

## **Reporting Owners**

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

### **Signatures**

-Signature of Reporting Person

10/02/2014 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 to 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.