FORM 4 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

Washington, D.C. 20549

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

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

Amount

Title Number

Expiration

Exercisable Date

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 Ty	pe Respon	ises)													
1. Name ar Richards		Symbol	MRI INTERVENTIONS, INC.					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director				elow)			
C/O MRI INC., ON STE 2550	E COMN	(Month/Day/	3. Date of Earliest Transaction (Month/Day/Year) 09/30/2014												
МЕМРН	(S IS, TN 38		4. If Amendment, Date Original Filed(Month/Day/Year)						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)	(5	State) (Zip)	Table I -	Non-De	rivat	ive Secui	rities	Acqui	red, Disposed	of, or I	Beneficia	lly Owned	l		
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		(D) d 5)	5. Amount of Securities Beneficially O Following Rep Transaction(s)	wned	6. Ownership Form: Direct (D) or Indirect	Benefi D) Owne	irect icial rship		
				Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)		(I) (Instr. 4				
Common	Stock	09/30/2014		A		3,387	A	\$ 1.23 (1)	6,983		D				
Reminder:		a separate line for ea	ach class of securition	es benefic	_										
					inf red	ormatio quired to	n co o res	ntaine pond	nd to the colle ed in this form unless the fo control numb	n are r	not	`	1474 9-02)		
			Derivative Securitie 2.g., puts, calls, wa							i					
1. Title of Derivative Security (Instr. 3)		e (Month/Day/Yea	3A. Deemed Execution Date, any (Month/Day/Yea	Code		5. Number of Deriva Securit Acquir (A) or Dispos of (D) (Instr. 4, and	er a (and Ex	Exercisable piration Date h/Day/Year)	7. Title Amou Under Securi (Instr. 4)	int of rlying		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Reporting Owners

Donouting Oronga Name / Adduses	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Richards Timothy T. C/O MRI INTERVENTIONS, INC. ONE COMMERCE SQUARE, STE 2550 MEMPHIS, TN 38103	X						

Signatures

/s/ Oscar Thomas, by Power of Attorney for Timothy T. Richards	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.