FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB 3235Number: 0287
Estimated average
burden hours per

Amount

Number

Shares

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

response...
Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or

Hisut	icuon 1(b).	\$	Section	on 30(h) of t	he Inve	estme	ent Con	npan	y Act o	of 1940						
(Print or Ty	pe Respon	ises)														
1. Name and Address of Reporting Person * Girin Pascal E R				2. Issuer Name and Ticker or Trading Symbol MRI INTERVENTIONS, INC. [MRIC]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_Director						
(Last) (First) (Middle) C/O MRI INTERVENTIONS, INC., 5 MUSICK				3. Date of Earliest Transaction (Month/Day/Year) 12/31/2014						below)						
(Street) IRVINE, CA 92618				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(5	State) (Zip)		Table I -	Non-De	erivat	ive Secu	rities	s Acqui	red, Disposed	of, or I	Beneficia	ally Owned	i		
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Exect any		Transaction Code		4. Securities Acquired (A) of Disposed of (D (Instr. 3, 4 and		(D)	5. Amount of Securities Beneficially O Following Re	es fally Owned ng Reported	Form: Direct (D)		lirect icial ership		
					Code	v	Amount	(A) or (D)		Transaction(s) (Instr. 3 and 4		or Indii (I) (Instr. 4	rect (Instr.	. 4)		
Common	Stock	12/31/2014			A		5,510	A	\$ 0.862 (1)	6,844		D				
Reminder: directly or		a separate line for e	ach cl	ass of securitie	es benefi	icially	owned									
						inf re	ormatio	on co to re	ontaine spond	nd to the colle ed in this form unless the fo control numb	n are n rm dis	ot	(1474 9-02)		
				ative Securitie outs, calls, wa						eficially Owner	i					
1. Title of Derivative Security (Instr. 3)		3. Transaction Date (Month/Day/Ye	3A Ex	A. Deemed recution Date,	4. Tran Code	sactio	5.	er ative ities ired resed	6. Date and Exp	Exercisable piration Date /Day/Year)	7. Title Amou Under Securi (Instr. 4)	nt of lying ties		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownersh (Instr. 4)

Date

Exercisable Date

Expiration

Title

Reporting Owners

Donouting Own on Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Girin Pascal E R C/O MRI INTERVENTIONS, INC. 5 MUSICK IRVINE, CA 92618	X						

Signatures

/s/ Oscar Thomas, by Power of Attorney for Pascal E.R. Girin	01/05/2015
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 \$0.862 per share, representing the volume-weighted average price of the issuer's common stock for the 5-trading day period ending December 31, 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.