FORM 4

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

OMB APPROVAL OMB 3235-Number: 0287 Estimated average

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**

burden hours per 0.5 response...

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 Type Responses) 1. Name and Address of Reporting Person * 2. Issuer Name and T				Ticker or Trading				5. Relationship of Reporting Person(s) to						
Sainz Maria Symbol				Ü				Issuer (Check all applicable) _X_Director 10% Owner Officer (give title Other (specify below)				elow)		
C/O MRI INTERVENTIONS, INC., 5			3. Date of Earliest Transaction (Month/Day/Year) 12/31/2014											
			4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person					
(State) (Zip)) T	Table I -	Non-De	rivat	tive Secu	rities	Acquir	ed, Disposed	of, or l	Beneficia	ılly Owned	1		
(Instr. 3) Date (Month/Day/Year) Exec		Date, if	Transaction Code		Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5		or (D)	Securities Beneficially C Following Re) wned ported	Form: Direct (ship of Ind Benef D) Owne	direct ficial ership		
				V	Amount	or	Price			(I)	ì	4)		
12/31/2014			A		3,866	A	\$ 0.862 (1)	36,761		I	Sainz	2		
	each class of	f securitie	es benefi	Pe int	ersons v formation	on co	ontained spond u	d in this form Inless the fo	n are i orm dis	not	(
			_		_			-	i					
1. Title of 2. 3. Transaction 3. Derivative Conversion Date ESecurity or Exercise (Month/Day/Year) ar		A. Deemed ecution Date, if		4. Transaction Code		5. Number		xercisable 7. Tit ration Date Amor Day/Year) Under Securi		unt of rlying rities	Derivative Security	ve Derivative Securities) Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownershij (Instr. 4)
							Date Exercisal	Expiration ble Date	Title					
	(First) (Middl RVENTIONS, INC (Street) 618 (State) (Zip) 2. Transaction Date (Month/Day/Year) 12/31/2014 Table II - 1 (3. Transaction Date (Month/Day/Ye ive)	Sym MR [MI (First) (Middle) RVENTIONS, INC., 5 (Mo 12/2 (Street) 4. If Filed 618 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 12/31/2014 Table II - Derivative (e.g., puts, or sion Date (Month/Day/Year) 3. Transaction Bate (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (e.g., puts, or sion Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)	Symbol MRI INTE [MRIC] (First) (Middle) RVENTIONS, INC., 5 (Street) 3. Date of Ea (Month/Day/12/31/2014 (State) (Zip) Table I - 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 12/31/2014 Table II - Derivative Securities (e.g., puts, calls, wath contains of the contains of	Symbol MRI INTERVEN' [MRIC] (First) (Middle) RVENTIONS, INC., 5 (Street) 4. If Amendment, Dat Filed(Month/Day/Year) (State) 2A. Deemed Execution Date, if any (Month/Day/Year) (Month/Day/Year) 3. Table II - Non-De Table II - Derivative Securities benefic (e.g., puts, calls, warrants, consistent of the consistent	Symbol MRI INTERVENTIO [MRIC] (First) (Middle) RVENTIONS, INC., 5 (Street) 3. Date of Earliest Transact (Month/Day/Year) 12/31/2014 (Street) 4. If Amendment, Date Or Filed(Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year) 3. Transaction Code (Instr. 8) Code V 12/31/2014 A Table II - Derivative Securities beneficially (e.g., puts, calls, warrants, optic sisten (Month/Day/Year) 3. Transaction Date (e.g., puts, calls, warrants, optic any (Month/Day/Year) 3. Transaction Date Execution Date, if any (Month/Day/Year) 4. Transactic Code (Instr. 8)	Symbol MRI INTERVENTIONS, INC [MRIC] (First) (Middle) RVENTIONS, INC., 5 (Street)	Symbol MRI INTERVENTIONS, INC. [MRIC] RVENTIONS, INC., 5 (Street)	Symbol MRI INTERVENTIONS, INC. [MRIC] (Street) (Middle) (Street) (Street) (A. If Amendment, Date Original Filed(Month/Day/Year) 2. 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Transaction Date (Month/Day/Year) 2. Transaction Code (Instr. 8) 3. Accurities Date (Instr. 3, 4 and 5) Following Re Transactions(s) (Instr. 3, and 4) Following Re Transactions(s) (Instr. 3, and 5) Following Re Transactions(s) (Instr. 3, and 4) Following Re Transactions(s) (Instr. 3 and 4) Following Re Transactions(s) (Instr. 3) Following Re Transactions (Instr. 3) Followin	Symbol MRI INTERVENTIONS, INC. [MRIC] (First) (Middle) (RVENTIONS, INC., 5) (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) 12/31/2014 (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) 2. Transaction Date Execution Date, if (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (A) (Instr. 3, 4 and 5) Table II - Derivative Securities Deneficially owned (Instr. 3) 4. Securities Beneficially Owned Following Reported Transaction (Instr. 3) 4. Securities Beneficially Owned Following Reported Transaction (Instr. 3) 4. 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[MRIC] Since MRI INTERVENTIONS, INC. 10% Owner 10% Owne	Symbol MRI INTERVENTIONS, INC. MRIC

Per entire Own or Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Sainz Maria C/O MRI INTERVENTIONS, INC. 5 MUSICK IRVINE, CA 92618	X					

Signatures

/s/ Oscar Thomas, by Power of Attorney for Maria Sainz	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.