| FORM 4 |
|--------|
|--------|

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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

| (Print or Type Respo | onses) | | | | | | | | |
|-----------------------------------|-----------------------------------|--|--|------|---|---|--|-------------------------|--|
| 1. Name and Addre HURWITZ HAF | ss of Reporting Perso ROLD A | on [*] 2. Issuer Na Symbol MRI INTE [MRIC] | | | er or Trading | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) 10% Owner 0/ther (give title 0/ther (specify below) | | | |
| (Last) C/O MRI INTER MUSICK | (First) (Middle RVENTIONS, INC | | Year) | isac | ction | below) Vice President, Finance | | | |
| IRVINE, CA 926 | (Street) | 4. If Amendi Filed(Month/E | · · | Or | riginal | 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) | (State) (Zip) | Table I - | Non-Deri | ivat | tive Securities Acqu | uired, Disposed of, or Beneficially Owned | | | |
| 1.Title of Security (Instr. 3) | | | 3. Transactio Code (Instr. 8) Code | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | Beneficial Ownership | |

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

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SEC 1474 (9-02)

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

| | (e.g., puts, caus, warrants, options, convertible securities) | | | | | | | | | | | | | | |
|---------------------------------------|---|------------|---|------|---|----------------------------|--|--|--------------------|-----------------------------|-------------------------------------|--------------------------------------|--|--|--|
| Security (Instr. 3) | Conversion | | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code |) | 5. Number of Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | of Underlying Securities | | Derivative Security (Instr. 5) | Securities Beneficially Owned Following | Ownership Form of Derivative Security: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | | Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | (Instr. 4) | |
| Stock Options (right to buy) | \$ 1.06 | 03/30/2015 | | А | | 450,000 | | <u>(1)</u> | 03/30/2025 | Common Stock | 450,000 | \$ 0 | 450,000 | D | |

Reporting Owners

| Bonosting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|-----------|-------------------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| HURWITZ HAROLD A C/O MRI INTERVENTIONS, INC. 5 MUSICK IRVINE, CA 92618 | | | Vice President, Finance | | | | | |

Signatures

 /s/ Richard Mattern, by Power of Attorney for Harold A. Hurwitz
 03/31/2015

 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).

(1) The shares subject to this option vest ratably on the first, second and third anniversaries of the grant date, March 30, 2016, March 30, 2017 and March 30, 2018.

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.