## 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

OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
hours per response	e 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 or Ty	pe Response	es)														
1. Name and Address of Reporting Person * Korn Robert C.				2. Issuer Name and Ticker or Trading Symbol MRI INTERVENTIONS, INC. [MRIC]						5. ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below) Vice President, Sales					
C/O MRI INTERVENTIONS, INC., 5 MUSICK				3. Date of Earliest Transaction (Month/Day/Year) 08/13/2015						X						
(Street) IRVINE, CA 92618				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					
											To all fried by More than One Reporting Person					
(Cit	y)	(State)	(Zip)			Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									d	
1.Title of Security (Instr. 3)		2. Transa Date (Month/I		Execution (Year)		Deemed 3. Transac Code (Instr. 8)  Code (Code (Instr. 8))		(A (In	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)  (A) or Amount (D) Price		Owned Following Reported Transaction(s) (Instr. 3 and 4)			eficially 6. 7. Nature Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Reminder:	Report on a	separate line for eac			Derivati	ive S	Securities	Acqu	Persons contain form dis	s who responed in this fore splays a curre sed of, or Bene	m are not ently vali eficially O	required d OMB co	to respon	d unless the		74 (9-02)
Security	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code		5. Number of Derivative		6. Date Exe Expiration	ptions, convertible secur 6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect	(Instr. 4)
						v	Date Expiration Date V (A) (D) Date Exercisable Date  Title	Amount or Number of Shares	Ì	(Instr. 4)	(Instr. 4)					
Stock Option (right to buy)	\$ 0.74	08/13/2015			A		200,000	)	(1)	08/13/2025	Common Stock	200,000	\$ 0	200,000	D	
Repor	ting O	wners														
Reporting Owner Name / Address				Relationships												
Director 10% O			vner Officer				Other									
Korn Robert C. C/O MRI INTERVENTIONS, INC. 5 MUSICK IRVINE, CA 92618					Vice President, Sales				les							
Signa	tures															
/s/ Richa	rd Mattern	, by Power of Att	orney for	r Rober	C. Kor	n		08/	17/2015							
		**Signature of Reporting	g 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 as follows; (i) one-third of the total shares on the first anniversary of the grant date; and (ii) the remaining two-thirds of the total shares ratably on a monthly basis over the 24-month period immediately following the grant date.

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.