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

OMB APPROVAL				
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nours per response		5		

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

2. Transaction Date (Month/Day/Year) (Month/Day/Year) 2. Transaction Execution Date, if any (Month/Day/Year) (Month/Day/Year) 3. Transaction Code (Instr. 8) (D) (Instr. 3, 4 and 4)	(Check all applicable) [As
/ENTIONS, INC., 5 MUSICK 10/01/2015 4. If Amendment, Date Original Filed(Month/Day/No) Table I - Non-Derivative Security 2. Transaction Date (Month/Day/Year) 2. Transaction Execution Date, if (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) Code V Amount (A) (D	officer (give title below) Officer (give title below) Other (specify below) Other (speci
(State) (Zip) Table I - Non-Derivative Security 2. Transaction Date (Month/Day/Year)	x_ Form filed by One Reporting Person Form filed by More than One Reporting Person rities Acquired, Disposed of, or Beneficially Owned se Acquired se Acquired se Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) A) or (D) Price \$ 0.6
(State) (Zip) Table I - Non-Derivative Security 2. Transaction Date Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) Code V Amount (A) (D	ses Acquired boosed of Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) A) or (D) Price S 0.6 5. Amount of Securities Beneficial Ownership of Indirect Beneficial Direct (D) or Indirect (I) (Instr. 4)
Date (Month/Day/Year) Execution Date, if (any (Month/Day/Year) (Month/Day/Year) (Instr. 8) (D) (Instr. 3, 4 and Code V Amount (A) (D)	and 5) Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) Ownership Form: Beneficial Direct (D) or Indirect Ownership of Indirect Beneficial Ownership or Indirect (I) (Instr. 4)
Code V Amount (D	A) or (I) (Instr. 4)
10/01/2015 A 11,252 A	\$ 0.6 502 006
	D (2)
contained in this the form display Table II - Derivative Securities Acquired, Disposed of, or	
3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. A. Deemed Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) 3. Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Title and Amount of Underlying Securities (Instr. 3 and 4) Amount of Underlying Securities (Instr. 3 and 4) Amount of Underlying Securities (Instr. 4) Amount or Title and Amount of Underlying Security Securities (Instr. 4) Amount or Title and Amount or Title Indicate I
Table II - Derivative Securities Acquired, Disposed of, or (e.g., puts, calls, warrants, options, convertible service) 3. Transaction Date Execution Date, if Code (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Instr. 8) (A) or Disposed of (D) (Instr. 3, 4, and 5) Date Exercisable Expired (A) Date Exercisable Date (Exercisable Date)	or Bene e securi able Date ar)

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
KOOB CHARLES E C/O MRI INTERVENTIONS, INC. 5 MUSICK IRVINE,, CA 92618	X			

Signatures

Richard F. Mattern, by Power of Attorney for Charles E. Koob		10/02/2015
**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 person under such plan. The shares (1) were issued at a price of \$0.60 per share, representing the volume-weighted average price of the issuer's common stock for the five-trading day period ended September
- (2) Includes 20,000 shares jointly held with spouse.

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.