Instruction 1(b).

# Check this box if no

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

| OMB APPROVAL             |           |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |
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longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## 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  | ype Response                    | es)  |  |  |         |                  |       |  |   |   |  |              |   |  |                       |
|---|---------------------------------|--|--|--|---------|------------------|-------|--|---|---|--|--------------|---|--|-----------------------|
| 1. Name and Address of Reporting Person *- KOOB CHARLES E                     |                                 |  | 2. Issuer Name and Ticker or Trading Symbol MRI INTERVENTIONS, INC. [MRIC]                                       |  |         |                  |       |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |   |  |              |   |  |                       |
| (Last) (First) (Middle) C/O MRI INTERVENTIONS, INC. (Street) IRVINE, CA 92618 |                                 |  | 3. Date of Earliest Transaction (Month/Day/Year) 06/08/2016 4. If Amendment, Date Original Filed(Month/Day/Year) |  |         |                  |       |  |   |   |  |              |   |  |                       |
|   |                                 |  |  |  |         |                  |       |  |   |   |  |              |   |  |                       |
|   |                                 |  |  |  |         |                  |       |  | F   |   |  |              |   |  |                       |
| (Cit  | ty)                             | (State)                                    | (Zip)  |  |         | Table            | I - N | on-Derivat   | tive Securities   | Acquired,   | Disposed                               | l of, or Ben | neficially Own  | ed   |                       |
| 1.Title of S<br>(Instr. 3)  | Security                        |  | 2. Transaction<br>Date<br>(Month/Day/Year)   | 2A. Deer<br>Execution<br>any<br>(Month/I | n Date  | , if Cod<br>(Ins |       | (A)<br>(Ins  | Securities Acquor Disposed of Str. 3, 4 and 5)  (A) or (D)              | of (D) Own<br>Tran  |  | ving Report  | F<br>C<br>O   | Ownership of Boorm: Be Orirect (D) or Indirect (Ir                           | eneficial<br>wnership |
| Reminder:   | Report on a                     | separate line for ea                       | ch class of securitie  | es benefici                              | ally ow | vned dire        | ectly | Persons containe   | who respor  | m are not   | required                               | l to respo   | nd unless th  |  | 74 (9-02)             |
|   |                                 |  |  |  |         |                  |       |  | ed of, or Bene<br>vertible secur  |   | ned                                    |              |   |  |                       |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                           | Conversion                      | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, i<br>any<br>(Month/Day/Year  | if Transaction<br>Code<br>ar) (Instr. 8) |         | of I             |       | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |   | 7. Title and<br>Amount of<br>Underlying<br>Securities<br>(Instr. 3 and 4) |  |              | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4) | Ownership<br>Form of<br>Derivative<br>Security:<br>Direct (D)<br>or Indirect | Beneficia             |
|   |                                 |  |  | Code                                     | v       | (A) (            |       | Date<br>Exercisable  | Expiration<br>Date  | Title   | Amount<br>or<br>Number<br>of<br>Shares |              |   |  |                       |
| Stock<br>Options<br>(right to<br>buy)   | \$ 0.25                         | 06/08/2016                                 |  | A  | 2       | 0,000            |       | <u>(1)</u>   | 06/08/2026  | Common<br>Stock   | 20,000                                 | \$ 0         | 20,000  | D  |                       |
| Repoi   | rting O                         | wners                                      |  |  |         |                  |       |  |   |   |  |              |   |  |                       |
| Reporting Owner Name / Address Director 10% C                                 |                                 | tionships<br>Of                            | ficer  | Other                                    |         |                  |       |  |   |   |  |              |   |  |                       |
| C/O MR  | HARLES<br>I INTERVI<br>CA 92618 | ENTIONS, INC.                              | X  |  |         |                  |       |  |   |   |  |              |   |  |                       |
| Signa   | tures                           |  |  |  |         |                  |       |  |   |   |  |              |   |  |                       |

| /s/ Richard F. Mattern, by Power of Attorney for Charles E. Koob | 06/09/2016 |
|--|------------|
| **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 will vest in full on the earlier of (i) June 8, 2017, or (ii) the day immediately preceding the Company's 2017 annual meeting of stockholders, pursuant to the terms of the Company's Non-Employee Director Compensation Plan (the "Plan").

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.