FORM 4	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... 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 Type Responses)										
1. Name and Address of Reporting Jenkins Kimble L.	2. Issuer Name <b>a</b> MRI INTERVE			0.		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
C/O MRI INTERVENTIONS	<sup>(Middle)</sup> 5, INC., 5 MUSICK	3. Date of Earliest 09/30/2016	Transactio	n (M	onth/Day	/Year)		Officer (give title below)	Other (specify b	elow)
(Street) IRVINE,, CA 92618		4. If Amendment, 1	Date Origii	nal F	iled(Month	/Day/Yea	ar)	6. Individual or Joint/Group Filin _X_Form filed by One Reporting Person Form filed by More than One Reporting		ible Line)
(City) (State)	(Zip)	Tab	le I - Non-	Deri	vative Se	curitie	es Acqui	ired, Disposed of, or Beneficially	Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if any	Code (Instr. 8)	ction	(A) or Disposed of (D)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		Beneficial
		(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock	09/30/2016		А		425	А	\$ 6.65 <u>(1)</u>	26,437 (2)	D	

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

SEC 1474 (9-Persons who respond to the collection of information contained in this form are not required to respond unless 02) the form displays a currently valid OMB control number.

#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

			(8-) F	,,			-, - <u>F</u> -	10113, 2011/21							
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Nu	mber	6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transacti	on	of		and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Deriv	ative	(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Secur	ities			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Acqu	ired			(Instr	: 3 and		Owned	Security:	(Instr. 4)
	Security					(A) o	r			4)			Following	Direct (D)	
						Dispo	osed						Reported	or Indirect	
						of (D	)						Transaction(s)	(I)	
						(Instr							(Instr. 4)	(Instr. 4)	
						4, and	15)								
											Amount				
								Date	Expiration		or				
								Exercisable		Title	Number				
				Code	v	(A)	(D)				of Shares				
				Code	v	(A)	(D)				Shales				

## **Reporting Owners**

Describer Orace Name (Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Jenkins Kimble L. C/O MRI INTERVENTIONS, INC. 5 MUSICK IRVINE,, CA 92618	Х						

## **Signatures**

10/04/2016 /s/ Richard F. Mattern, by Power of Attorney for Kimble L. Jenkins \*\*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 Amended and Restated 2013 Incentive Compensation Plan, in payment of fees owed to the reporting person under such (1) plan. The shares were issued at a price of \$6.65 per share, representing the volume-weighted average price of the issuer's common stock for the five-trading day period ended September 30, 2016.

(2) This amount corrects a typographical error, which inadvertently overstated the reporting person's holdings, in the previously filed Form 4.

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.