FORM 4
Check this box if no

(Print or Type Pesponses)

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

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

1. Name and Address of F Grillo Francis P	2. Issuer Name and MRI INTERVEN			0,0		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) C/O MRI INTERVEN	(First) TIONS, INC.,	- A FETOTOTT	3. Date of Earliest Transaction (Month/Day/Year) 05/26/2017						X Officer (give title below) Other (specify below) CHIEF EXECUTIVE OFFICER			
IRVINE, CA 92618	4	4. If Amendment, Da	te Original I	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					
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1. Title of Security 2. Transaction (Instr. 3) Date (Month/Day/Y)			Execution Date, if any	Code				f(D)	Owned Following Reported Transaction(s)		Beneficial	
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price		Direct (D) or Indirect (I) (Instr. 4)		
Common Stock		05/26/2017		Р		12,500	А	(1)	44,588	D		

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

Persons who respond to the collection of information contained SEC 1474 (9-02) in this form are not required to respond unless 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)															
1. Titl	e of 2.	3. Transaction	3A. Deemed	4.		5. Numb	er	6. Date Exercisable and		7. Title and		8. Price of	9. Number of	10.	11. Nature
Deriva	ative Conversion	n Date	Execution Date, if	Transact	tion	n of		Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect
Securi		e (Month/Day/Year)		Code			Derivative (Month/Day/Ye		ır)	Underlying		Security	Securities	Form of	Beneficial
(Instr.	3) Price of		(Month/Day/Year)	(Instr. 8))	Securitie	s				(Instr. 5)		Derivative	Ownership	
	Derivative	:				Acquire	h			(Instr. 3 and 4)				-	(Instr. 4)
	Security					(A) or						0	Direct (D)		
						-	Disposed of					1	or Indirect		
						(D)							Transaction(s)		
						(Instr. 3, 4,							(Instr. 4)	(Instr. 4)	
					1	and 5)	10.5)				1	-			
											Amount				
								Date	Expiration		or				
									Date	Title	Number				
				C . 1.	3.7						of				
				Code	V	(A)	(D)				Shares				
Warra	ants									Common					
(right	t to \$ 2.2	05/26/2017		Р		12,500		05/26/2017(2)	05/26/2022		12,500	<u>(1)</u>	12,500	D	
buy)										Stock	, î				

Reporting Owners

	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Grillo Francis P C/O MRI INTERVENTIONS, INC. 5 MUSICK IRVINE, CA 92618	х		CHIEF EXECUTIVE OFFICER						

Signatures

/s/ Richard F. Mattern by Power of Attorney for Francis P. Grillo	05/30/2017
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 reported securities are included within 12,500 units purchased by the Reporting Person for \$2.00 per unit. Each unit consists of one share of common stock and one warrant to purchase one share of common stock.

(2) The shares subject to this warrant are immediately exercisable.

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.