## 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

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#### 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 *- BURNETT JOSEPH MICHAEL				2. Issuer Name and Ticker or Trading Symbol MRI INTERVENTIONS, INC. [MRIC]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner				
C/O MRI INTERVENTIONS, INC., 5 MUSICK				3. Date of Earliest Transaction (Month/Day/Year) 11/07/2017							ear)		X_Officer (give title below) Other (specify below) President and CEO				
(Street) IRVINE, CA 92618				4. If Amendment, Date Original Filed(Month/Day/Year)							ay/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 Acqui							Securitie	s Acquir	ired, Disposed of, or Beneficially Owned				
(Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, is any (Month/Day/Year		ate, if		-		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	Transaction(s)		ed	Ownership Form:	Beneficial	
					/Year)	Cod	e	V	Amoun	(A) or (D)		Instr. 3 and 4	4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common	Stock		11/07/2017				A		2	200,00	0 A	\$ 0 (1)	200,000			D	
			Table II -					uire	form d	lisplay	s a curr f, or Ben	ently va	ot required lid OMB co Owned			е	
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. 5. Nu Transaction Deriv Code Secur (Instr. 8) Acqu or Dis of (D) (Instr.		5. Num Deriva Securit	mber of attive Expirat (Month posed ) 3, 4,		Date Expiration			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s)	Owners Form of Derivate Security Direct ( or Indirects)	Ownership (Instr. 4)
				Code	V	(A)	(D)	Ex	ate xercisab	1	iration	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4	)
Stock Options (right to buy)	\$ 2.5	11/07/2017		A		350,0	00		(2)	11/0	07/2027	Commo	1350.000	\$ 0	350,000	D	

#### **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
BURNETT JOSEPH MICHAEL C/O MRI INTERVENTIONS, INC. 5 MUSICK IRVINE, CA 92618	X		President and CEO					

#### **Signatures**

/s/ Richard F. Mattern, by Power of Attorney for Joseph M. Burnett	11/07/2017
**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 shares are restricted stock and 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 quarterly basis over the 2-year period immediately following the first anniversary of the grant date.
- (2) 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 quarterly basis over the 2-year period immediately following the first anniversary of 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.