FORM 4

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

| OMB APPROVAL | | | | | | | |
|-------------------------|-----------|--|--|--|--|--|--|
| MB Number: | 3235-0287 | | | | | | |
| stimated average burden | | | | | | | |
| ours per response | e 0.5 | | | | | | |

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

| (Print or Ty | pe Response | es) | | | | | | | | | | | | | | |
|--|-------------|--|---------------------------------|---|------|-----------------|--|---|---|--|---|--|--|-------------------------|------------|--|
| 1. Name and Address of Reporting Person * FLETCHER R JOHN | | | | 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 | | | | | |
| (Last) (First) (Middle) C/O MRI INTERVENTIONS, INC., 5 MUSICK (Street) | | | | Date of Earliest Transaction (Month/Day/Year) 06/08/2018 If Amendment, Date Original Filed(Month/Day/Year) | | | | | | _ | | e title below) | Oth | er (specify below | /) | |
| | | | | | | | | | | _X_ | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _Form filed by More than One Reporting Person | | | | | |
| IRVINE, CA 92618 (City) (State) (Zip) | | | | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yo | | | | 2A. Deemed S. Transac Execution Date, if Code | | | asaction (A. (A) (In | 4. Securities Acquired 5. (A) or Disposed of (D) (Instr. 3, 4 and 5) Tr | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | | 5. 7 Ownership of Form: | Beneficial Ownership | | |
| Reminder: | Report on a | separate line for each | Table II - | Derivativ | e Se | curities . | Acqı | Persons containe form dis | who responed in this foresplays a curre | m are no ently vali eficially O | t required id OMB c | to respo | nd unless tl | | 474 (9-02) | |
| 1. Title of Derivative Security (Instr. 3) | Conversion | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, i | 4. 5. Number of Code Derivative | | ive es ed | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownershi Form of Derivativ Security: Direct (D or Indirec | (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Stock Options (right to buy) | \$ 2.18 | 06/08/2018 | | A | | 15,000 |) | <u>(1)</u> | 06/08/2028 | Commo Stock | n 15,000 | \$ 0 | 15,000 | D | | |
| Repoi | rting O | wners | | | | | | | | | | | | | | |
| Reporting Owner Name / Address Director 10% C | | tionships owner Of | ficer | Other | | | | | | | | | | | | |
| FLETCHER R JOHN C/O MRI INTERVENTIONS, INC. 5 MUSICK IRVINE, CA 92618 | | X | | | | | | | | | | | | | | |
| Signa | tures | | | | | | | | | | | | | | | |
| /s/ Richa | rd F Matte | ern by Power of | Attorney for P | John Fla | tcho | ·r | | 06/11/201 | Q | | | | | | | |

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

**Signature of Reporting Person

- ** 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) the first anniversary of the grant date, or (ii) the day immediately preceding the Company's 2019 annual meeting of stockholders.

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.