FORM 4

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

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
ours per respon	se 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)														
Name and Address of Reporting Person *					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					3. Date of Earliest Transaction (Month/Day/Year) 08/22/2018							X Officer (give title below) Other (specify below) President and CEO				
(Street) IRVINE, CA 92618				4. If Am	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)		Table I - Non-Derivative Securities Ac							osed of, or	Beneficially	Owned		
(Instr. 3) Dat		2. Transaction Date Month/Day/Yea	Execution any	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership Form: Direct (D)	Beneficial Ownership		
						Co	de V	' Amou	(A) c		,			or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock 08/2:			08/22/2018			P	,	4,637	A	\$ 1.55	231,004	(1)		D		
Common	Stock	(08/24/2018			P	,	7,500	A	\$ 1.58	238,504			D		
	Report on a	separate line for	each class of se	curities ben	eficially of	owned	directly	or	Ī					•		
indirectly.												ection of in			EC 1474 (9- 02)	
			Table II	- Derivative			uired, I	Disposed	of, or E	Senefici:	ally Owned	d OMB cor d	ntrol numb	er.		
Security	Conversion	3. Transaction Date (Month/Day/Y	ear) any	Date, if Tra	ate, if Transaction Code Year) (Instr. 8)		5. Number 6. I of and		pate Exercisable Expiration Date onth/Day/Year)		Fitle and nount of derlying curities str. 3 and		9. Number Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners: Form of Derivati Security Direct (I or Indire	O) ct	
				C	ode V	(A)	Da Ex	ite ercisable	Expira Date	tion Tit	Amount or Number of Shares					
Repor	ting O	wners	•		-						•					
				De	lationchi	ine										
Reporting Owner Name / Address Director		10% Owner	Relationships % Owner Officer			Other										
BURNETT JOSEPH MICHAEL C/O MRI INTERVENTIONS, INC. 5 MUSICK IRVINE, CA 92618			IC. X		President and C											
Signat	tures															
/s/ Richa	rd F. Matte	ern, by Power	of Attorney f	or Joseph	M. Burn	nett		08/24	/2018							

Date

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) 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.