FORM	4
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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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02)

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 Respons	es)											
1. Name and Address of HURWITZ HARO	2. Issuer Name and Ticker or Trading Symbol MRI INTERVENTIONS, INC. [MRIC]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
C/O MRI INTERV	^(First) ENTIONS, I	^(Middle) NC., 5 MUSICK	3. Date of Earliest Transaction (Month/Day/Year) 01/23/2019						X Officer (give title below) Other (specify below) Chief Financial Officer			
IRVINE, CA 92618	4. If Amendment, Date Original 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 (Instr. 3)		Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)		*		of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		7. Nature of Indirect Beneficial Ownership	
				Code	v	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock		01/23/2019		А		10,011	Δ	\$ 0 (1)	20,358 (2)	D		
Common Stock		01/23/2019		F		4,092 D \$2.55		\$ 2.55	16,266	D		

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

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.	Nun	nber	6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	n of	f		and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	D	eriva	ative	(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	S	ecuri	ties			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				А	cqui	red			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security				(/	4) or				4)			Following	Direct (D)	
					D	ispos	sed						Reported	or Indirect	
					of	f (D)							Transaction(s)	(I)	
					(I	nstr.	3,						(Instr. 4)	(Instr. 4)	
					4,	, and	5)								
											Amount				
								Date	Evaluation		or				
								Exercisable	Expiration Date	Title	Number				
								Exercisable	Date		of				
				Code V	/ (.	A)	(D)				Shares				

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
HURWITZ HAROLD A C/O MRI INTERVENTIONS, INC. 5 MUSICK IRVINE, CA 92618			Chief Financial Officer					

Signatures

/s/ Richard F. Mattern, by Power of Attorney for Harold A. Hurwitz	01/25/2019	
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 Reporting Person received a portion of his 2018 cash bonus in the form of the Company's common stock based on the closing sales price of the Company's common stock on January 23, 2019. The shares were granted under the Company's Second Amended and Restated 2013 Incentive Compensation Plan.

(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.