### Edgar Filing: Moore Brian - Form 4

Moore Brian Form 4 March 20, 2											
FORN Check the of the office o	washington, D.C. 20549								OMB Number: Expires:	2235-0287 January 31, 2005	
Section Form 4 Form 5 obligation may cor <i>See</i> Insta 1(b).	16. or <sup>Dns</sup> Section 1 ttinue.	<b>SECURITIES</b> Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, e. Section 17(a) of the Public Utility Holding Company Act of 1935 or Section							Estimated a burden hou response		
(Print or Type	Responses)										
1. Name and A Moore Bria	2. Issuer Name <b>and</b> Ticker or Trading Symbol Symmetry Medical Inc. [SMA]					5. Relationship of Reporting Person(s) to Issuer					
(Last)	3. Date of Earliest Transaction				,	(Check all applicable)					
(Last) (First) (Middle) C/O SYMMETRY MEDICAL, INC., 220 W. MARKET ST.			(Month/Day/Year) 03/17/2006					X Director 10% Owner X Officer (give title Other (specify below) below) President & CEO			
				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			
WARSAW						Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secur	ities Acqu	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deeme Execution I any (Month/Day/Year)			1 、					Securities Beneficially Owned Following Reported	OwnershipIndirectForm:BeneficDirect (D)Ownersor Indirect(Instr. 4)(I)Output	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
Common Stock	03/17/2006			M <u>(1)</u>	45,000	А	\$ 3.04	55,000	D		
Common Stock	03/17/2006			S	45,000	D	\$ 21.899	10,000	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 in this form are not required to respond unless the form displays a currently valid OMB control number.

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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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of onDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
2003 Stock Option Plan (Right to Buy)	\$ 3.04	03/17/2006		M <u>(2)</u>		45,000	(3)	07/29/2013	Common Stock	45,000

## **Reporting Owners**

Reporting Owner Name / Address		Relationships							
		Director	10% Owner	Officer	Other				
Moore Brian C/O SYMMETRY MEDICAL 220 W. MARKET ST. WARSAW, IN 46580	., INC.	X		President & CEO					
Signatures									
Brian Moore 0.	3/20/2006								
<u>**</u> Signature of	Date								

<u>\*\*</u>Signature of Reporting Person

## **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) Acquisition of stock pursuant to employee stock option plan exempt under Rule 16b-6(b).
- (2) Exercise of option exempt under Rule 16b-3(e).
- (3) These options vest ratably and become exercisable as of the last day of each fiscal year of the Issuer over the four year period ending on the last day of fiscal year 2006. As of this date, a total of 98,861 of Reported Person's remaining options have vested.
- (4) Not applicable.

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.