Edgar Filing: Symmetry Medical Inc. - Form 4

Symmetry Medical Inc. Form 4 September 06, 2007

subject to

Section 16.

Form 4 or

Form 5

1(b).

OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Curtis Michael W	2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer			
	Symmetry Medical Inc. [SMA]	(Check all applicable)			
(Last) (First) (Middle)	3. Date of Earliest Transaction				
C/O SYMMETRY MEDICAL INC., 220 W. MARKET ST.	(Month/Day/Year) 09/04/2007	Director 10% Owner X Officer (give title Other (specify below) below) below) Corp Sr VP & Gen Mgr, Med Prod			
(Street)	4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check			
WARSAW, IN 46580	Filed(Month/Day/Year)	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 Advised to the securities Advised to	equired, Disposed of, or Beneficially Owned			
(Instr. 3) any	emed 3. 4. Securities Acquired ion Date, if Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) /Day/Year) (Instr. 8) (A) or Code V Amount (D) Price	SecuritiesForm: DirectIndirectBeneficially(D) orBeneficialOwnedIndirect (I)OwnershipFollowing(Instr. 4)(Instr. 4)ReportedTransaction(s)(Instr. 3 and 4)(Instr. 4)			
Common 09/04/2007 Stock	S $\frac{1,705}{(1)}$ D $\frac{$}{15.93}$	3 19,769 (2) D			

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

2005

0.5

Estimated average

burden hours per

response...

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration Date		Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	/Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities	5		(Instr.	3 and 4)		Owne
	Security				Acquired				· · · · ·		Follo
	j				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						× · · ·
					4, and 5)						
					.,,						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
						Excleisable	Dute		of		
				Code V	(A) (D)				Shares		
Repo	rting O	wners									

Edgar Filing: Symmetry Medical Inc. - Form 4

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other Curtis Michael W C/O SYMMETRY MEDICAL INC. Corp Sr VP & Gen Mgr, Med Prod 220 W. MARKET ST. WARSAW, IN 46580 Signatures Michael W. 09/06/2007 Curtis

**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) Consists of shares acquired under the Issuer's Employee Stock Purchase Plan and exempt from 16(b) under Rule 16b-3(c).
- Consists of 69 shares acquired in June 2007 under the Issuer's Employee Stock Purchase Plan and exempt from 16(b) under Rule (2) 16b-3(c).

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.