**TELEFLEX INC** 

Form 5

February 01, 2007

### FORM 5

#### **OMB APPROVAL**

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

**OMB** 3235-0362 Number: January 31,

2005

no longer subject to Section 16. Form 4 or Form 5 obligations may continue.

Check this box if

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per

Expires:

See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

response... 1.0

Reported Form 4

30(h) of the Investment Company Act of 1940

Transactions Reported

1. Name and Address of Reporting Person \* 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer **BLACK JEFFREY P** Symbol

TELEFLEX INC [TFX]

(Zip)

(Check all applicable)

(First) (Middle) (Last)

(Street)

3. Statement for Issuer's Fiscal Year Ended

\_X\_ Director 10% Owner

(Month/Day/Year)

\_X\_ Officer (give title Other (specify below) below)

12/31/2006

Chairman, President, CEO

155 S. LIMERICK ROAD

4. If Amendment, Date Original

6. Individual or Joint/Group Reporting

Filed(Month/Day/Year)

(check applicable line)

### LIMERICK, Â PAÂ 19468-1699

(State)

(City)

\_X\_ Form Filed by One Reporting Person Form Filed by More than One Reporting Person

(611)	(State)	Tabl	e I - Non-Der	ivative Secu	rities .	Acquir	ed, Disposed of,	, or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned at end of Issuer's	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Amount	(A) or (D)	Price	Fiscal Year (Instr. 3 and 4)	(Instr. 4)	
Common Stock	12/31/2006	Â	A	125.587	A	\$ (1)	8,357.587	I	By 401(k) Trustee
Common Stock	Â	Â	Â	Â	Â	Â	85,548	D	Â

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.

**SEC 2270** (9-02)

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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 Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	ınt of	Derivative
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)
	Derivative				Securities			(Instr.	3 and 4)	
	Security				Acquired					
	•				(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
									Amount	
						Date	Expiration	Title	or Number	
						Exercisable	Date		of	
					(A) (D)				Shares	
					(A) (D)				SHares	

of D

Is

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
1 9	Director	10% Owner	Officer	Other			
BLACK JEFFREY P 155 S. LIMERICK ROAD LIMERICK, PA 19468-1699	ÂX	Â	Chairman, President, CEO	Â			

## **Signatures**

Sherrie L. Hedrick with POA for Jeffrey P. 02/01/2007 Black

\*\*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) Total number of shares of Common Stock held by Reporting Person indirectly by the 401(k) Trustee is based on a plan statement dated as of December 31, 2006.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.

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