Krelle John S Form 4 February 13, 2013

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB 3235-0287 Number:

OMB APPROVAL

Expires:

January 31, 2005

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Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * Krelle John S | | | 2. Issuer Name and Ticker or Trading Symbol Symmetry Medical Inc. [SMA] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | |
|---|--|----------|---|--|--|--|
| (Last) (First) (Middle) | | (Middle) | 3. Date of Earliest Transaction | (Check all applicable) | | |
| 3724 N. STATE RD. 15 | | | (Month/Day/Year) 02/12/2013 | X Director 10% Owner Officer (give title below) Other (specify below) | | |
| (Street) WARSAW, IN 46582 | | | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | |
| | | | Filed(Month/Day/Year) | | | |

| (City) | (State) | Zip) Table | I - Non-D | erivative Secu | rities Acc | quired, Disposed o | of, or Beneficial | ly Owned |
|--------------------------------------|--------------------------------------|------------------------|------------|-------------------------------------|------------|--|--|-------------------------|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution Date, if any | Code | 4. Securities A on(A) or Dispos (D) | ed of | 5. Amount of Securities Beneficially | 6. Ownership Form: Direct (D) or | Indirect Beneficial |
| | | (Month/Day/Year) | (Instr. 8) | (Instr. 3, 4 and | .) r | Owned Following Reported Transaction(s) (Instr. 3 and 4) | Indirect (I) (Instr. 4) | Ownership (Instr. 4) |
| Common Stock | 02/12/2013 | | Code V A | Amount (D 13,146 (1) A | Price \$ 0 | 73,085 | 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)

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| 1. Title of | 2. | 3. Transaction Date | | 4. | 5. | 6. Date Exercis | | 7. Title and | 8. Price of | 9. Nu |
|--------------------------------------|---|---------------------|---|---------------------------------|--|-----------------|--------------------|--|--------------------------------------|---|
| Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Transacti Code (Instr. 8) | orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 8 | | Amount of Underlying Securities (Instr. 3 and 4 | Derivative Security (Instr. 5) | Deriv Secur Bene Own Follo Repo Trans (Instr |
| | | | | Code V | ĺ | | Expiration Date | Title Amour or Numbe of Shares | er | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---------------------------------------|---------------|-----------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Krelle John S 3724 N. STATE RD. 15 | X | | | | | | |
| WARSAW, IN 46582 | | | | | | | |

Signatures

David C. Milne, Attorney o2/13/2013 in Fact

**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) These shares were granted pursuant to the Company's 2004 Equity Incentive Plan, a plan approved by the shareholders. These shares vest in three equal installments each December 21 after the date of grant.

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.

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