## Edgar Filing: Symmetry Medical Inc. - Form 4

Symmetry M Form 4	ledical Inc.										
December 27									PPROVAL		
FORM		ES AND EXCHANGE COMMISSION gton, D.C. 20549				3235-0287					
Check thi if no long subject to Section 1	ser <b>STATEM</b> 6.	ENT OF CHAN	S CHANGES IN BENEFICIAL OWNERS SECURITIES				NERSHIP OF	Expires: January 3 200 Estimated average burden hours per			
Form 4 or Form 5 obligation may cont <i>See</i> Instru 1(b).	Filed pursu sinue. Section 17(a)	uant to Section 1 ) of the Public U 30(h) of the In	tility Hold	ing Com	ipany	Act of	f 1935 or Sectio	response n	0.5		
(Print or Type F	Responses)										
	ddress of Reporting Po hristopher Gene	Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol Symmetry Medical Inc. [SMA]				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (Mi	•	3. Date of Earliest Transaction				(Chec	ck all applicable)			
3724 N. ST.		(Month/Day/Year) 12/23/2013				Director 10% Owner X Officer (give title Other (specify below) below) SVP, Chief Manufacturing Offic					
		4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)					
WARSAW,	IN 46582						_X_ Form filed by 0 Form filed by M Person				
(City)	(State) (Z	Zip) Tabl	le I - Non-De	erivative S	Securi	ties Acc	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8) Code V	on(A) or Di (D) (Instr. 3,	spose	d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial		
Common Stock	12/23/2013		F	835 <u>(1)</u>	D	\$ 9.27	38,232	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.

 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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Cummins Christopher Gene 3724 N. ST. RD. 15 WARSAW, IN 46582			SVP, Chief Manufacturing Offic			
Signatures						
David C. Milne, Attorney in Fact	1:	2/26/2013				

\*\*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 retained by the Company in payment for a tax withholding obligation that occurred in conjunction with the vesting of shares of restricted stock which was granted pursuant to the Company's Equity Incentive Plan.

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.