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Symmetry I Form 4 July 26, 200	Medical Inc.						
					OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						3235-0287	
Check this box if no longer			NGES IN BENEFICIAL OW SECURITIES	Expires: Estimated a burden hour response			
Form 5 obligations may continue. See Instruction 1(b). 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							
(Print or Type	Responses)						
Martin D Darin Symbo			er Name and Ticker or Trading etry Medical Inc. [SMA]	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle) 3. Date	of Earliest Transaction	(Check	all applicable)	
			/Day/Year)	Director 10% Owner X Officer (give title Other (specify below) below) Senior VP, QA/RA & CCO			
			nendment, Date Original Ionth/Day/Year)	Applicable Line)	vidual or Joint/Group Filing(Check ble Line) m filed by One Reporting Person		
WARSAW	7, IN 46580			Form filed by Mo Person			
(City)	(State)	(Zip) Ta	ble I - Non-Derivative Securities Acq	uired, Disposed of,	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)	Code (Instr. 3, 4 and 5)	Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	07/22/2005	07/22/2005	S 38,856 D \$ 21.248	³⁷ 72,748	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)	3A. Deem Execution any (Month/Da	Date, if	4. Transacti Code (Instr. 8)	5. or/Number of Derivatives Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amor Unde Secur	le and unt of rlying rities (1, 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
Repoi	rting O	wners			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Report	ing Owner Na	ame / Address	Director	10% Own		lationships cer		Oth	er			

Senior VP, QA/RA & CCO

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Martin D Darin C/O SYMMETRY MEDICAL INC. 220 W. MARKET STREET WARSAW, IN 46580

Signatures

/s/ Manu Bettegowda, under Power of Attorney	07/25/2005
**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).

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.