Symmetry Medical Inc. Form 4

July 31, 2006

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

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OMB APPROVAL

response...

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

Check this box

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).

(Last)

Security

(Instr. 3)

Common

Stock

(Print or Type Responses)

1. Name and Address of Reporting Person * Miclot Andrew

(First) (Middle)

C/O SYMMETRY MEDICAL. INC., 220 W. MARKET ST.

(Street)

2. Issuer Name and Ticker or Trading Symbol

Symmetry Medical Inc. [SMA]

3. Date of Earliest Transaction (Month/Day/Year)

3.

07/31/2006

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director 10% Owner X_ Officer (give title Other (specify

below) Sr. VP Mktg, Sales, Bus Dev

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

Person

WARSAW, IN 46580

(City) (State) (Zip) 1. Title of 2. Transaction Date 2A. Deemed

(Month/Day/Year)

07/31/2006

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

4. Securities Acquired (A) 5. Amount of Transaction Disposed of (D) Code

(Instr. 3, 4 and 5) (Instr. 8)

> (A) or Amount (D) Price \$

> > 0.0001

Code V 10,000 Α Α (1)

Securities

Beneficially Owned Following

7. Nature of Ownership Indirect Form: Beneficial Ownership Direct (D) or Indirect (Instr. 4)

(9-02)

Transaction(s) (Instr. 4)

(Instr. 3 and 4)

Reported

58,732 D

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

Execution Date, if

(Month/Day/Year)

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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	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	(Instr. 8) Derivative			Securi	ties	(Instr. 5)	Bene
	Derivative				Securities Acquired			(Instr.	3 and 4)		Own
	Security										Follo
	·				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date Exercisable	Expiration Date		or		
					(A) (B)			of	Number		
				~							
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Miclot Andrew C/O SYMMETRY MEDICAL, INC. 220 W. MARKET ST. WARSAW, IN 46580

Sr. VP Mktg, Sales, Bus Dev

Signatures

Andrew Miclot 07/31/2006

**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).

Grant of restricted stock approved in advance by the Issuer's Board of Directors on February 15, 2006, pursuant to the Issuer's 2004

(1) Equity Incentive Plan, and exempt from Section 16(b) under Rule 16b-3(d)(1). Shares vest on the last day of fiscal year 2008 if (i)

Reported Person remains an employee of Issuer through the last day of fiscal year 2008 and (ii) if the Issuer achieves certain operating income targets for fiscal years 2006, 2007, and 2008.

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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