Edgar Filing: Martin D Darin - Form 4

Martin D Da	arin								
Form 4	0000								
February 22								PROVAL	
FORM	14 UNITED ST	RITIES AND EXCHANGE COMMISSI ashington, D.C. 20549				OMB OMB Number:	3235-0287		
Check th if no lon subject t Section Form 4 o Form 5 obligatio may con See Instr	ger o 16. or Filed pursu nns tinue.	NGES IN BE SECURIT	ENEFICIA IES ecurities l g Compar	Expires:January 31, 2005Estimated average burden hours per response0.5					
1(b).	uction			1 5					
(Print or Type	Responses)								
Martin D Darin Symbo			bol			5. Relationship of Reporting Person(s) to Issuer			
Symm			etry Medical I	Inc. [SMA	¥]	(Check all applicable)			
(Month			Date of Earliest Transaction onth/Day/Year) /21/2006			Director 10% Owner X Officer (give title Other (specify below) below) Sr. VP & CCO			
(Street) 4. If At			Amendment, Date Original			6. Individual or Joint/Group Filing(Check			
WARSAW	, IN 46580	onth/Day/Year)	-		Line) led by One Reporting Person led by More than One Reporting				
(City)	(State) (Z	^{iip)} Tal	ole I - Non-Deriv	vative Secu	rities Acou	ired, Disposed of,	or Beneficiall	v Owned	
1.Title of Security (Instr. 3)	aı		3.4. STransactioner ECode(Ins	Securities Ad Disposed of str. 3, 4 and (A) or	cquired (A) (D) 5)	5. Amount of 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	02/21/2006		S 10,	,000 D	\$ 22.7634	45,571	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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships							
	Director	10% Owner	Officer	Other					
Martin D Darin C/O SYMMETRY MEDICA 220 W. MARKET ST. WARSAW, IN 46580	AL, INC.			Sr. VP & CCO					
Signatures									
D. Darin Martin	02/22/200	6							
<u>**</u> 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.