Symmetry Medical Inc. Form 4

March 05, 2014

# 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

Estimated average

**OMB APPROVAL** 

burden hours per

response...

5 Relationship of Reporting Person(s) to

subject to Section 16. Form 4 or Form 5 obligations may continue.

Check this box

if no longer

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

2 Jaguar Nama and Tiakar or Trading

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

See Instruction

		Symbol Symmetry Med		C	Issuer (Check all applicable)			
(Last) (	(First) (Middle)	3. Date of Earliest	Transaction		(Chec	k un uppneuoie	,	
3724 N. ST. RD.	. 15	(Month/Day/Year) 03/05/2014			Director _X Officer (give below) SVP, Chief		Owner str (specify	
(1	4. If Amendment, Filed(Month/Day/Y	Amendment, Date Original (Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
WARSAW, IN 4	16582				Person	Iore than One Re	porting	
(City)	(State) (Zip)	Table I - Nor	-Derivative	Securities Acq	uired, Disposed of	, or Beneficiall	ly Owned	
Security (Moi (Instr. 3)	any	ution Date, if Transac Code nth/Day/Year) (Instr. 8	ction(A) or D (Instr. 3,	(A) or (D) Price	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 03/0	05/2014	S	1,325	D \$ 10.72	48,916 <u>(1)</u>	D		

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	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)	Derivative	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	·				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						Ì
					4, and 5)						
									Amount		
						Date	Expiration		or		
					Exercisable	Date	Title	Number			
						2.1010104010	2		of		
				Code V	(A) (D)				Shares		

# **Reporting Owners**

Relationships Reporting Owner Name / Address

> 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 03/05/2014 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).
- As a result of a miscommunication with the Company's restricted stock plan administrator the prior filings for Mr. Cummins contained 2,376 extra shares that he did not own, beneficially or otherwise. This filing corrects his ownership figure.

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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