Edgar Filing: Symmetry Medical Inc. - Form 4

Symmetry Me Form 4												
March 09, 20												
FORM	4 UNITEI	D STATES					NGE (COMMISSION		9PROVAL 3235-0287		
if no longe subject to Section 16 Form 4 or Form 5 obligation may contin	ect to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF ion 16. SECURITIES n 4 or Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, gations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Instruction 30(h) of the Investment Company Act of 1940							Expires:January 31, 2005Estimated average burden hours per response0.5				
(Print or Type R	esponses)											
1. Name and Address of Reporting Person <u>*</u> Krelle John S			2. Issuer Name and Ticker or Trading Symbol Symmetry Medical Inc. [SMA]					5. Relationship of Reporting Person(s) to Issuer				
(Last) (First) (Middle) C/O SYMMETRY MEDICAL INC., 3724 N STATE ROAD 15			3. Date of Earliest Transaction (Month/Day/Year) 03/09/2009					X Director	(Check all applicable) rector 10% Owner ficer (give title Other (specify below)			
WADCAWA	(Street) 4. If Amendment, Date Original Filed(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, I	IN 46582							Person		1 0		
(City)	(State)	(Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Ov							lly Owned			
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executio any	med n Date, if Day/Year)	Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, Amount	(A) o of (D)	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	03/09/2009			Р	9,900	A	\$ 4.5	24,700	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. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	. ,	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other Krelle John S C/O SYMMETRY MEDICAL INC. Х 3724 N STATE ROAD 15 WARSAW, IN 46582 Signatures /s/ John S. 03/09/2009 Krelle **Signature of Date Reporting Person

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.