Edgar Filing: Symmetry Medical Inc. - Form 4

Symmetry M Form 4								
December 27						OMB A	PPROVAL	
FORM	UNITED STAT		ITIES AND EXCHANGE COMMISSION hington, D.C. 20549				3235-0287	
Check thi if no long subject to Section 1	ser STATEMENT		CHANGES IN BENEFICIAL OWNERSHIP SECURITIES				January 31, 2005 average	
Section 16.SECORTIESburden hours per responseForm 4 orForm 5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,0.5Form 5Filed pursuant to Section 16(a) of the Public Utility Holding Company Act of 1935 or Section0.5See Instruction30(h) of the Investment Company Act of 19401940								
(Print or Type F	Responses)							
1. Name and A Harris Rond	ddress of Reporting Person <u>*</u> a	2. Issuer Name Symbol Symmetry Ma	e and Ticker or T ledical Inc. [S	-	5. Relationship of Reporting Person(s) to Issuer			
(Last) 3724 N. ST4	(First) (Middle) ATE RD. 15	3. Date of Earliest Transaction (Month/Day/Year) 12/23/2013			(Check all applicable) <u>X</u> Officer (give title 10% Owner <u>X</u> Officer (give title 0 Other (specify below) Chief Accounting Officer			
(Street) 4. If An Filed(M			nt, Date Original //Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
WARSAW,	IN 46582				Form filed by M Person			
(City)	(State) (Zip)	Table I - N	Ion-Derivative S	Securities Acc	quired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	any	tion Date, if Tran Code h/Day/Year) (Inst	nsaction(A) or Di e (D)	sposed of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
Common Stock	12/23/2013	F	974 <u>(1)</u>	D \$ 9.27	18,829	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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date Amount /Year) Underly Securitie		unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Edgar Filing: Symmetry Medical Inc. - Form 4

Reporting Owners

Reporting Owner Name / Address			Relationships			
	Director	10% Owner	Officer	Other		
Harris Ronda 3724 N. STATE RD. 15 WARSAW, IN 46582			Chief Accounting Officer			
Signatures						
David C. Milne, Attorney in Fact	12	2/26/2013				
**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).
- (1) These shares were withheld by the Company in payment of a tax obligation that arose with the vesting of shares of restricted stock which had been granted to Mrs. Harris under the Company's Equity Incentive Plan.

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.