Edgar Filing: Symmetry Medical Inc. - Form 4

Symmetry Me	edical Inc.									
Form 4 December 09.	2014									
Check this if no longe subject to Section 16 Form 4 or Form 5 obligation: may contin <i>See</i> Instruct 1(b).	ATTIES AND EXCHANGE COMMISSION Shington, D.C. 20549 GES IN BENEFICIAL OWNERSHIP OF SECURITIES 6(a) of the Securities Exchange Act of 1934, ility Holding Company Act of 1935 or Section vestment Company Act of 1940					OMB APPROVAL OMB 3235-0287 Number: January 31 Expires: January 31 2005 Estimated average burden hours per response 0.5				
(Print or Type R	esponses)									
Krelle John S Symbol			Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
(Last) 3724 N. STA		iddle) 3. Date of (Month/D 12/05/20	-	ansaction			(Chec X_ Director Officer (give below)) Owner er (specify	
			endment, Date Original onth/Day/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	fore than One Re	porting	
(City)	(State) (Z	Zip) Table	e I - Non-Do	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8) Code V	4. Securit (A) or Dis (D) (Instr. 3, 4)	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)		
Common Stock	12/05/2014		D	86,974	D	\$0	0 (1)	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)	4. Transactio Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	3	ate	7. Title and Amount of Underlying Securities (Instr. 3 and	Derivative Security (Instr. 5)	
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title Amo or Num of Share	ıber	

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Krelle John S 3724 N. STATE RD. 15 WARSAW, IN 46582	Х						
Signatures							
David C. Milne, Attorney in Fact	1	2/09/2014					
<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).

Pursuant to the Agreement and Plan of Merger dated as of August 4, 2014, by and among Symmetry Medical Inc., Tecostar Holdings, (1) Inc., Tecomet Inc., and TecoSym, Inc., shares were converted into the right to receive per-share consideration of: (i) one-quarter (.25) of

one share of Symmetry Surgical Inc., common stock in partial redemption, and (ii) \$7.50 in cash.

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.