Edgar Filing: Symmetry Medical Inc. - Form 4

Symmetry Med Form 4	ical Inc.											
May 28, 2008	4								OMB AF	PROVAL		
	Washington, D.C. 20549						OMMISSION	OMB Number:	3235-0287			
if no longer subject to Section 16. Form 4 or Form 5 obligations may continue See Instruction	Check this box if no longer subject to Section 16. Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							e Act of 1934, 1935 or Section	burden hour response	stimated average urden hours per		
1(b). (Print or Type Resp	ponses)											
REYNOLDS CRAIG B Symbol Symm			Symbol	er Name and Ticker or Trading etry Medical Inc. [SMA]				5. Relationship of Reporting Person(s) to Issuer				
(Last) C/O SYMMET INC., 3724 N S			•	f Earliest Ti Day/Year)	_	510113	-1	(Check X_ Director Officer (give t below)) Owner r (specify		
	(Street)						 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								Person	ore than One Rej	porting		
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secu	rities Acqu	uired, Disposed of,	or Beneficiall	y Owned		
		Yansaction Date2A. DeemedYansaction DateExecution Date, ifany(Month/Day/Year)			3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or			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 05 Stock 05	5/23/2008			Code V A	Amount 3,700 (1)	(D) A	Price \$ 0.0001	7,400 <u>(2)</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 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. Transact Code (Instr. 8)	5. tionNumber of) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne 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

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other **REYNOLDS CRAIG B** C/O SYMMETRY MEDICAL INC. Х 3724 N STATE ROAD 15 WARSAW, IN 46582 Signatures Craig B. Reynolds 05/28/2008 Date

**Signature of 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).
- Consists of restricted stock issued annually pursuant to the Issuer's 2004 Equity Incentive Plan. Shares vest equally over a three year (1) period on December 31 of each year. As of this date, none of Reported Person's shares of restricted stock have vested.
- Total includes 3,700 shares of restricted stock issued in 2008, pursuant to the Issuer's 2004 Equity Incentive Plan. Shares vest equally (2)over a three year period on December 31 of each year. As of this date, none of Reporting Person's shares and restricted stock have vested.

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.