Symmetry Medical Inc. Form 4 February 24, 2014

## FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL OMB** 

3235-0287 Number: January 31, Expires:

2005 Estimated average

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Check this box if no longer subject to Section 16. Form 4 or

Form 5 obligations may continue. See Instruction

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

1(b).

Common

Stock

02/24/2014

(Print or Type Responses)

1. Name and Address of Reporting Person * Sullivan Thomas Joseph			2. Issuer Name <b>and</b> Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer				
			•	•	cal Inc. [SMA]	(Che	ck all applicable	e)		
(Last)	(First)	(Middle)	3. Date of	Earliest T	ransaction					
			(Month/D	ay/Year)		_X_ Director	10%	6 Owner		
3724 N. ST. RD. 15 (Street)			02/24/2014			_X_ Officer (giv below)	e titleOth below)	er (specify		
							President & CEO			
			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check Applicable Line)				
			Filed(Month/Day/Year)							
						_X_ Form filed by	One Reporting Pe More than One Re			
WARSAW	, IN 46582					Person	viole than One Re	porting		
(City)	(State)	(Zip)	Table	e I - Non-I	Derivative Securities Acq	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of	2. Transaction D	ate 2A. Dee	emed	3.	4. Securities Acquired	5. Amount of	6. Ownership	7. Nature o		
Security	(Month/Day/Yea	r) Executi	on Date, if	Transacti	on(A) or Disposed of	Securities	Form: Direct	Indirect		
(Instr. 3)	· ·	any		Code	(D)	Beneficially	(D) or	Beneficial		

(Instr. 8)

Code V

Α

(Instr. 3, 4 and 5)

Amount

14,510

(1)

(A)

(D)

A

Price

\$0

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

(Month/Day/Year)

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.

Owned

Following

Reported

326,206

Transaction(s) (Instr. 3 and 4) Indirect (I)

(Instr. 4)

D

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

of

Ownership

(Instr. 4)

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8. P Der Sec (Ins

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)		nNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option	\$ 7.69					07/27/2017	07/27/2018	Common Stock	300,000

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Sullivan Thomas Joseph 3724 N. ST. RD. 15 WARSAW, IN 46582	X		President & CEO				

# **Signatures**

David C. Milne - Attorney o2/24/2014

\*\*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).

Mr. Sullivan received these shares pursuant to the Company's 2014 Equity Incentive Program, provided under the 2004 Equity Incentive (1) Plan, a plan approved by the shareholders. These shares will be earned or forfeited, in whole or in part, based on performance against certain metrics in 2014. Should they be earned, they will be vested on December 21, 2016.

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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