## Edgar Filing: Symmetry Medical Inc. - Form 4

Symmetry M	Iedical Inc.									
Form 4 February 17	2006									
								OMB AF	PROVAL	
FORM	UNITED	STATES SE	CURITIES A Washington			NGE C	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWNERSHIP				Expires: January 31, 2005 Estimated average		
Section 1 Form 4 c			SECU					burden hour	s per 0.5	
Form 4 orresponse0.5Form 5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,5obligationsSection 17(a) of the Public Utility Holding Company Act of 1935 or Section6See Instruction30(h) of the Investment Company Act of 19401940										
(Print or Type l	Responses)									
1. Name and Address of Reporting Person2. IssuerNusspickel Francis TSymbol				r Name <b>and</b> Ticker or Trading			5. Relationship of Reporting Person(s) to Issuer			
		Sy	mmetry Medi	cal Inc. [	SMA	]	(Check	c all applicable	)	
(Last)	(First) (N		Date of Earliest T	ransaction			(	<u>-</u>	<b>,</b>	
463 GEOR	GE PLACE		onth/Day/Year) /15/2006				X Director Officer (give t below)	itle $\frac{10\%}{\text{below}}$	Owner r (specify	
			f Amendment, D cd(Month/Day/Yea	nendment, Date Original Ionth/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
WYCKOFF, NJ 07481							_X_Form filed by O Form filed by Me Person			
(City)	(State)	(Zip)	Table I - Non-	Derivative	Secur	ities Acq	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Dat any (Month/Day/Y	Code Year) (Instr. 8)	4. Securi on(A) or Di (Instr. 3, Amount	isposed 4 and (A) or	d 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)	Ownership	
Common Stock	02/15/2006		А	1,000 (1)	A	\$ 0.0001	2,667 <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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3,	5	ate	7. Titl Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5)	Date Exercisable	Expiration Date		Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Nusspickel Francis T 463 GEORGE PLACE WYCKOFF, NJ 07481	Х						
Signatures							
Francis T.							

Nusspickel	02/16/2006			
<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).
- Consists of restricted stock issued pursuant to the Issuer's 2004 Equity Incentive Plan. Shares vest ratably over a three year period as of
   (1) December 31 of each year, beginning on December 31, 2006. As of this date, none of Reported Person's shares of restricted stock have vested.

Consists of 1,667 shares of restricted stock issued pursuant to the Issuer's 2004 Equity Incentive Plan. Shares vest ratably over a three(2) year period as of December 31 of each year, beginning on December 31, 2005. As of this date, 555.67 shares of 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.