STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

Symmetry Medical Inc. Form 4

December 09, 2014

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person ** Cummins Christopher Gene			2. Issuer Symbol	Name and	Ticker or Trading	5. Relationship of Reporting Person(s) to Issuer					
		Symmet	try Medic	eal Inc. [SMA]	(Check all applicable)						
(Last)	(First) (Middle)	3. Date of	Earliest Tr	ansaction						
			(Month/D	ay/Year)		Director	10%	Owner			
3724 N. ST. RD. 15			12/05/20	014		_X_ Officer (give below) SVP, Chie	e title Other below) f Manufacturing	` 1			
(Street)			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check					
			Filed(Mon	th/Day/Year	·)	Applicable Line) _X_ Form filed by One Reporting Person					
WARSAW,	IN 46582					Form filed by M Person	More than One Re	porting			
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative Securities Acq	uired, Disposed o	f, or Beneficial	ly Owned			
1.Title of	2. Transaction Dat	e 2A. Deer	med	3.	4. Securities Acquired	5. Amount of	6. Ownership	7. Nature			
Security	(Month/Day/Year)	Executio	n Date, if	Transactio	on(A) or Disposed of (D)	Securities	Form: Direct	Indirect			

1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired n(A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial Ownership	
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(IIIStr. 4)	(Instr. 4)
Common Stock	12/05/2014		A	4,747 (1)	A	\$0	62,707	D	
Common Stock	12/05/2014		D	62,707	D	\$ 9.27	0 (2)	D	

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

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amoun	t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ies	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	3 and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A manuat		
									Amount		
						Date	Expiration		Or		
						Exercisable	Date	Title Numb	Number		
				C + V	(A) (D)						
				Code V	(A) (D)				Shares		

Reporting Owners

Relationships Reporting Owner Name / Address

> Other Director 10% Owner Officer

Cummins Christopher Gene 3724 N. ST. RD. 15 **WARSAW, IN 46582**

SVP, Chief Manufacturing Offic

Signatures

David C. Milne, Attorney 12/09/2014 in Fact

**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 granted pursuant to the Company's 2014 Equity Incentive Plan as a result of performance thereunder.
 - Pursuant to the Agreement and Plan of Merger dated as of August 4, 2014, by and among Symmetry Medical Inc., Tecostar Holdings,
- (2) 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.

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