Symmetry Medical Inc.

Form 3

December 09, 2004

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

**OMB APPROVAL** 

**OMB** Number:

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

**SECURITIES** 

response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting

Person \*

A Bettegowda Manu

(Last)

(First)

(Middle)

Statement

(Month/Day/Year)

12/09/2004

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

Symmetry Medical Inc. [SMA]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

C/O OLYMPUS PARTNERS. METRO CENTER, ONE STATION PLACE

(Street)

10% Owner \_\_X\_\_ Director

(Check all applicable)

Officer Other (give title below) (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line) \_X\_ Form filed by One Reporting

Person

Form filed by More than One

Reporting Person

STAMFORD. CTÂ 06902

(City) (State) (Zip)

1. Title of Security

(Instr. 4)

Table I - Non-Derivative Securities Beneficially Owned

2. Amount of Securities Beneficially Owned

(Instr. 4)

3. Ownership

> (I) (Instr. 5)

4. Nature of Indirect Beneficial Ownership

(Instr. 5)

Form: Direct (D) or Indirect

Common Stock 19,897,975 (1)  $I^{(1)}$ See Footnote (2) (4)

Reminder: Report on a separate line for each class of securities beneficially

owned directly or indirectly.

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and **Expiration Date** (Month/Day/Year)

3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)

4. 5. Conversion or Exercise Form of Price of Derivative

6. Nature of Indirect Ownership Beneficial Ownership

(Instr. 5)

Derivative Security:

### Edgar Filing: Symmetry Medical Inc. - Form 3

	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Common Stock Warrants	12/09/2004(3)	06/11/2013	Common Stock	186,825 <sub>(3)</sub>	\$ 0.01	I (3)	See Footnote (2)

# **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

Bettegowda Manu

C/O OLYMPUS PARTNERS, METRO CENTER
ONE STATION PLACE

STAMFORD, CTÂ 06902

## **Signatures**

/s/ Manu
Bettegowda

\*\*Signature of Reporting Person

Date

### **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(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) Consists of: 19,897,975 shares directly owned by Olympus/Symmetry Holdings LLC.
- Olympus/Symmetry Holdings LLC is a limited liability company controlled by the Olympus Funds. Olympus Growth Fund III, L.P., Olympus Growth Co-Investment Fund III, L.P. and Olympus Executive Fund are investors in Olympus/Symmetry Holdings LLC.
- Consists of 157,958 shares beneficially owned by Olympus Growth Fund III, L.P., that are issuable upon exercise of currently exercisable warrants, 27,349 shares beneficially owned by Olympus Growth Co-Investment Fund III, L.P., that are issuable upon exercise of currently exercisable warrants, and 1,518 shares beneficially owned by Olympus Executive Fund that are issuable upon exercise of currently exercisable warrants.
- Mr. Bettegowda, a member of our board of directors, is a vice president at Olympus Partners, and, as a result, has a pecuniary interest in certain of the shares held by the above named Olympus entities. Mr. Bettegowda disclaims beneficial ownership of the shares owned by these entities, except to the extent of his proportionate pecuniary interest therein.

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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