Edgar Filing: Klasko Stephen K. M.D. - Form 4

| Klasko Stephen I Form 4 | K. M.D. | | | | | | | | | | | |
|--|--|---|---|--|--|--|-------------------------------------|--|--|--|-----|--|
| March 03, 2009 | | | | | | | | | | PPROVAL | _ | |
| | UNITED | STATES | | RITIES A shington | | | NGE | COMMISSIO | N OMB Number: | 3235-0 | 287 | |
| Check this box if no longer subject to Section 16. Form 4 or | | | | | | | Estimated burden hoi response | Expires: January 31, 2005 Estimated average burden hours per response 0.5 | | | | |
| Form 5 obligations may continue. See Instruction 1(b). 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 | | | | | | | | | | | | |
| (Print or Type Respo | onses) | | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Klasko Stephen K. M.D. | | | 2. Issuer Name and Ticker or Trading Symbol TELEFLEX INC [TFX] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Last) 155 SOUTH LIN | Middle) DAD | 3. Date of Earliest Transaction (Month/Day/Year) 03/02/2009 | | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | | | | |
| I IMEDICK DA | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | | |
| LIMERICK, PA | | (7: | | | | | | Person | | | | |
| (City) | (State) | (Zip) | Tab | ole I - Non- | | | ities A | cquired, Disposed | of, or Beneficia | lly Owned | | |
| | ansaction Date nth/Day/Year) | 2A. Deeme Execution any (Month/Da | Date, if | 3. Transactic Code (Instr. 8) | Dispos (Instr. | (A) or sed of (D) 3, 4 and 5 (A) or |) 5) | 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 o Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code V | | | Price | | | | | |
| Reminder: Report or | n a separate line | for each cla | ass of sec | urities bene | Per info req dis | rsons wi ormatior juired to | ho res n cont respo | or indirectly. spond to the colle ained in this form ond unless the fo ntly valid OMB co | n are not rm | SEC 1474 (9-02) | | |

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. Number | 6. Date Exercisable and | 7. Title and Amount of | 8. |
|-------------|-------------|---------------------|--------------------|------------|-----------------|-------------------------|------------------------|----|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transactio | onof Derivative | Expiration Date | Underlying Securities | D |
| Security | or Exercise | | any | Code | Securities | (Month/Day/Year) | (Instr. 3 and 4) | S |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Acquired | | | (I |

| | Derivative Security | | | | (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | | | |
|--|------------------------|------------|------|---|--|-----|---------------------|--------------------|-----------------|--|
| | | | Code | V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Stock Option / (Right to Buy) | \$ 46.12 | 03/02/2009 | А | | 2,000 | | 03/02/2009 | 03/02/2019 | Common Stock | 2,000 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|--|--|
| 1 | Director | 10% Owner | Officer | Other | | | | | |
| Klasko Stephen K. M.D. 155 SOUTH LIMERICK ROAD LIMERICK, PA 19468 | Х | | | | | | | | |
| Signatures | | | | | | | | | |
| Sherrie L. Hedrick w/POA for Ste Klasko | (| 03/03/20 | 009 | | | | | | |
| **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).

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.