## Edgar Filing: SYNERGETICS USA INC - Form 4

SYNERGET	TICS USA INC										
Form 4											
December 14											
FORM	14 UNITED	STATES	SECU	RITIES A	ND EX	CHANGE	COMMISSION	т	PPROVAL		
UNITED		<b>DIMIL</b> O		ashington				Number:	3235-0287		
Check th				0	·			Expires:	January 31, 2005		
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL					ICIAL O	OWNERSHIP OF Estimated average					
Section 16.				SECU	RITIES			burden ho	urs per		
Form 4 or Form 5 Filed pursuant to Section 16(a)				16(a) of th	ne Securi	ties Excha	nge Act of 1934	response	. 0.5		
obligatio	ns Section 17(						of 1935 or Section	on			
may cont See Instru	inue.			•	•	ny Act of 1					
1(b).											
(Print or Type I	Responses)										
1. Name and A	ddress of Reporting	Person <u>*</u>	2. Issu	er Name <b>an</b> o	<b>d</b> Ticker or	Trading	5. Relationship of	of Reporting Per	rson(s) to		
Williams Pa		Symbol				Issuer					
		SYNERGETICS USA INC [SUR					G] (Check all applicable)				
(Last)	(First) (	Middle)		of Earliest T	ransaction						
C/O SYNE	RGETICS USA,		(Month/Day/Year) 12/14/2012				X_ Director 10% Owner Officer (give title Other (specify				
	CORPORATE C	ENTRE	12/14/2	2012			below)	below)			
	(Street)		4. If Am	endment, D	ate Origina	ıl	6. Individual or .	Joint/Group Fili	ing(Check		
			Filed(Mo	onth/Day/Yea	r)		Applicable Line)				
O'FALLON	, MO 63368						_X_ Form filed by Form filed by Person	More than One R			
(City)	(State)	(Zip)	Tal	ole I - Non-l	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	ally Owned		
1.Title of	2. Transaction Date	2A. Deeme	d	3.	4. Securit	ies	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution	Date, if	Transactio	-		Securities	Form: Direct	Indirect		
(Instr. 3)		any (Month/Da	v/Year)	Code (Instr. 8)	Disposed		Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(ivioniti) Du	<i>y</i> , rour)	(111541: 0)	(111541-5),	r und 5)	Following	(Instr. 4)	(Instr. 4)		
						(A)	Reported Transaction(s)				
				Coda V	Amount	or (D) Price	(Instr. 3 and 4)				
				Code V	Amount	(D) Price					
Reminder: Rep	ort on a separate line	e for each cla	uss of sec	urities bene	-	-	-				
							spond to the colle tained in this form		SEC 1474 (9-02)		
					requi	red to resp	ond unless the fo	rm	(, , , , ,		
					displa numb		ntly valid OMB co	ntrol			
	Tab	le II - Deriv	ative Se	curities Acq	uired, Dis	posed of, or	Beneficially Owned	I			
						convertible					
1. Title of 2 Derivative C		action Date /Day/Year)			4. Transact	5. Number iorDerivative			7. Title and Amo Underlying Secu		

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8	3)	Securities (Month/Day/Yea Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		'Year)	(Instr. 3 and 4)		: (	
				Code '	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock option (right to buy)	\$ 4.52	12/14/2012		A		10,000		<u>(1)</u>	12/14/2022	Common Stock	10,000	

## **Reporting Owners**

Reporting Owner Name /	Reporting Owner Name / Address		Relationsh		
		Director	10% Owner	Officer	Other
Williams Patricia S C/O SYNERGETICS USA, INC. 3845 CORPORATE CENTRE DRIVE O'FALLON, MO 63368		X			
Signatures					
/s/ Patricia S. Williams	12/14/2012				
<u>**</u> Signature of	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) The option vests in four equal quarterly installments, with the first installment vesting three months from the date of grant.
- (2) The stock option was granted pursuant to the Amended and Restated Synergetics USA, Inc. 2005 Non-Employee Directors' Stock Option Plan, as amended.

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.

Reporting Person

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