Symmetry Medical Inc. Form 4

August 13, 2008

FORM 4

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

OMB Number: 3235-0287

burden hours per

response...

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005
Estimated average

0.5

OMB APPROVAL

Form 4 or Form 5 obligations may continue. See Instruction

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

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1(b).

(Print or Type Responses)

1. Name and Add Hite Fred	ress of Reporti	ing Person *	2. Issuer Name and Ticker or Trading Symbol Symmetry Medical Inc. [SMA]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction	(Check an applicable)		
C/O SYMMETRY MEDICAL INC., 3724 N STATE ROAD 15			(Month/Day/Year) 08/11/2008	Director 10% OwnerX Officer (give title Other (specify below) Sr. VP, CFO & Secretary		
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
WARSAW, IN	N 46582		Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		

(City)	(State)	(Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. 4. Securities A Transactionor Disposed of Code (Instr. 3, 4 and (Instr. 8)			(D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common	08/11/2008		Code V M(1)	Amount 18,200	or (D)	Price \$ 4.83	(Instr. 3 and 4) 102,950	D		
Stock Common Stock	08/11/2008		S	18,200	D	\$ 18.0096	84,750	D		
Common Stock	08/12/2008		M(1)	1,800	A	\$ 4.83	86,550	D		
Common Stock	08/12/2008		S	1,800	D	\$ 18	84,750	D		

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

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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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of onDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
2003 Stock Option Plan (Right to Buy)	\$ 4.83	08/11/2008		M(2)		18,200	<u>(3)</u>	03/01/2014	Common Stock	18,200
2003 Stock Option Plan (Right to Buy)	\$ 4.83	08/12/2008		M(2)		1,800	<u>(3)</u>	03/01/2014	Common Stock	1,800

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Hite Fred C/O SYMMETRY MEDICAL INC. 3724 N STATE ROAD 15 WARSAW, IN 46582

Sr. VP, CFO & Secretary

Signatures

/s/ Fred L. Hite 08/12/2008

**Signature of Person Date

Reporting Owners 2

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) Acquisition of stock pursuant to employee stock option plan exempt under Rule 16b-6(b).
- (2) Exercise of option exempt under Rule 16b-3(e).
- (3) These options vested ratably and became exercisable as of the last day of fiscal year 2007. As of this date, all of Reported Person's options have vested.
- (4) Not applicable.

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.