Edgar Filing: BIOMET INC - Form 4

| BIOMET IN | С | | | | | | | | | |
|---------------------------------------|---|--|----------------------|--|---------------------------------------|------------|---|--|--|-------------------------------|
| Form 4 | e e e e e e e e e e e e e e e e e e e | | | | | | | | | |
| July 24, 2006 | | | | | | | | | | PROVAL |
| FORM | 4 UNITED S | STATES | | ATTIES A | | | NGE C | OMMISSION | OMB OMB Number: | 3235-0287 |
| Check thi | | | | ·····B·····, | 2000-20 | | | | Expires: | January 31, |
| if no long subject to Section 1 | 5 STATEMENT OF CHANGES IN BENEFICIAL OWNE | | | | | NERSHIP OF | Estimated a burden hou | | | |
| Form 4 or | | | | | | | | response | 0.5 | |
| Form 5 obligatior | • · · · · · | | | | | | - | e Act of 1934, 1935 or Section | n | |
| may conti See Instru | inue. | | | vestment | • | · · | | | 1 | |
| 1(b). | iction | () | | | | <i>J</i> | | | | |
| (Print or Type R | Responses) | | | | | | | | | |
| 1. Name and A Whaley Dar | Address of Reporting Person * rlene2. Issuer Name and Ticker or Trading Symbol5. Relationship of Reporting Person(s) to Issuer | | | | on(s) to | | | | | |
| | | | BIOME | T INC [B | MET] | | | (Chec | k all applicable |) |
| (Last) | (First) (M | (liddle) | | Earliest Tr | ansaction | | | | | |
| 56 E. BELL | DRIVE, P.O. BC | | (Month/D 07/20/20 | - | | | | Director X Officer (give below) Senior VP | | Owner er (specify urces |
| | (Street) | | 4. If Ame | ndment, Da | te Origina | 1 | | 6. Individual or Jo | int/Group Filin | g(Check |
| | | | (Month/Day/Year) | | | | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| WARSAW, | IN 46582 | | | | | | | Person | | porting |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deem Execution any (Month/D | n Date, if | 3. Transactic Code (Instr. 8) | 4. Securi n(A) or Di (Instr. 3, | spose | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | |
| G | | | | Code V | Amount | | Price | (Instr. 3 and 4) | | |
| Common Stock (joint) | 07/20/2006 | | | S | 3,321 | D | \$ 31.28 | 22,112 | D | |

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

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 Acquired, Disposed of, or Beneficially Owned

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

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| 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. Transactic Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|-------|--|---|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|-----------|-----------|--------------------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| Whaley Darlene 56 E. BELL DRIVE P.O. BOX 587 WARSAW, IN 46582 | | | Senior VP | Human Resources | | | | |

Signatures

| Darlene Whaley | 07/24/2006 |
|----------------|------------|
|----------------|------------|

<u>**</u>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.