

BIOMET INC  
Form 4  
June 30, 2005

**FORM 4**

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

OMB APPROVAL

OMB Number: 3235-0287  
Expires: January 31, 2005  
Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES**

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 Responses)

1. Name and Address of Reporting Person \*  
DOEDENS BART J

(Last) (First) (Middle)

100 INTERPACE PARKWAY, P.O.  
BOX 346

(Street)

PARSIPPANY, NJ 07054-0346

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol  
BIOMET INC [BMET]

3. Date of Earliest Transaction  
(Month/Day/Year)  
06/29/2005

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director  10% Owner  
 Officer (give title below)  Other (specify below)  
Vice President

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**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. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership Indirect Beneficial Ownership (Instr. 4)		
				(A) or (D)	Code	V	Amount	(D)	Price

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.**

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	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any	4. Transaction Code	5. Number of Derivative Securities	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)
---------------------------------	---------------------------	--------------------------------------	-----------------------------------	---------------------	------------------------------------	--	---

Edgar Filing: BIOMET INC - Form 4

(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stck Option	\$ 34.58	06/29/2005	A	3,125					06/29/2006	06/28/2008	Common Stock	3,125
Employee Stck Option	\$ 34.58	06/29/2005	A	3,125					06/29/2007	06/28/2009	Common Stock	3,125
Employee Stck Option	\$ 34.58	06/29/2005	A	3,125					06/29/2008	06/28/2010	Common Stock	3,125
Employee Stck Option	\$ 34.58	06/29/2005	A	3,125					06/29/2009	06/28/2011	Common Stock	3,125
Employee Stck Option	\$ 34.58	06/29/2005	A	3,125					06/29/2010	06/28/2012	Common Stock	3,125
Employee Stck Option	\$ 34.58	06/29/2005	A	3,125					06/29/2011	06/28/2013	Common Stock	3,125
Employee Stck Option	\$ 34.58	06/29/2005	A	3,125					06/29/2012	06/28/2014	Common Stock	3,125
Employee Stck Option	\$ 34.58	06/29/2005	A	3,125					06/29/2013	06/28/2015	Common Stock	3,125

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
DOEDENS BART J 100 INTERPACE PARKWAY P.O. BOX 346 PARSIPPANY, NJ 07054-0346			Vice President	

## Signatures

Jacqueline K. Huber, POA for Bart J.  
Doedens

06/30/2005

\_\_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.