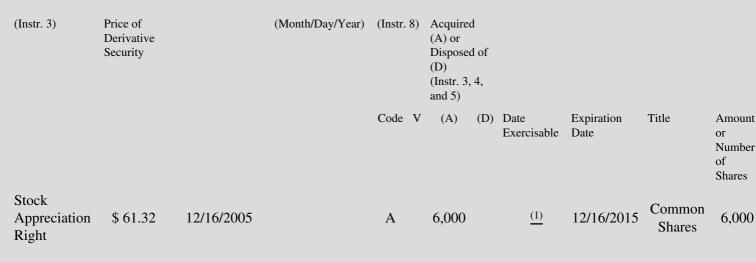
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| ETKIND ANDRI | EW R | | | | | | | | | |
|---|---|--|--|--|---|--|---|--|--|--|
| Form 4 | ~ | | | | | | | | | |
| December 19, 200 | 05 | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | N OMB | 2235-0287 | | | |
| Check this box | | | vv a | shington | , D.C. 20 | 549 | | Number: | January 31, | |
| if no longer subject to Section 16. Form 4 or | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | Estimated burden hou | Expires: 2005 Estimated average burden hours per response 0.5 | |
| Form 5 obligations may continue. <i>See</i> Instruction 1(b). | Section 17(| 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 Respon | nses) | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> ETKIND ANDREW R | | | 2. Issuer Name and Ticker or Trading Symbol GARMIN LTD [GRMN] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | | | | | (Check all applicable) | | | |
| (Last) (First) (Middle) 1200 EAST 151ST STREET | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/16/2005 | | | | Director 10% Owner X Officer (give title Other (specify below) General Counsel and Secretary | | | |
| (Street) | | | 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 | | | | |
| OLATHE, KS 66 | | | | | | | Form filed by Person | More than One R | eporting | |
| (City) (| State) | (Zip) | Tab | le I - Non- | Derivative | Securities A | Acquired, Disposed | of, or Beneficia | lly Owned | |
| | nnsaction Date th/Day/Year) | 2A. Deemo Execution any (Month/Da | Date, if | 3. Transactic Code (Instr. 8) | 4. Securiti onAcquired Disposed (Instr. 3, 4 | (A) or of (D) and 5) (A) | Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Amount | or (D) Price | (Instr. 3 and 4) | | | |
| Reminder: Report on | a separate line | for each cl | ass of sec | urities bene | - | | - | | | |
| | | | | | infor n requir | nation cont ed to resp lys a curre | spond to the colle tained 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 |
|-------------|-------------|---------------------|--------------------|------------|----------------|-------------------------|------------------------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transactio | nof Derivative | Expiration Date | Underlying Securities |
| Security | or Exercise | | any | Code | Securities | (Month/Day/Year) | (Instr. 3 and 4) |

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Reporting Owners

| Reporting Owner Name / Addre | 255 | Relationships | | | | | | |
|---|------------|---------------|-------------------------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| ETKIND ANDREW R 1200 EAST 151ST STREET OLATHE, KS 66062 | 7 | | General Counsel and Secretary | | | | | |
| Signatures | | | | | | | | |
| Andrew R. Etkind | 12/19/2005 | | | | | | | |
| <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 stock appreciation right vests in five equal annual instalments commencing on December 16, 2006

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