BIOMET INC Form 4 January 03, 2006

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

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Check this box

if no longer

subject to

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

See Instruction

(Middle)

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person * ENGLAND GARRY L

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

BIOMET INC [BMET]

(Check all applicable)

(First) 1031 COUNTRY CLUB LANE 3. Date of Earliest Transaction

(Month/Day/Year) 01/02/2006

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

below)

Sr Vice President - / Warsaw Operations

(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

Form filed by More than One Reporting

Person

WARSAW, IN 46580

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned Following

Reported

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial

Ownership (T) (Instr. 4) (Instr. 4)

(A)

Transaction(s)

(Instr. 3 and 4) Code V Amount (D) Price

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

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security

Conversion or Exercise

3. Transaction Date 3A. Deemed (Month/Day/Year)

Execution Date, if any

4. 5. Number Transaction of Derivative Expiration Date Code Securities

6. Date Exercisable and (Month/Day/Year)

7. Title and Amount of **Underlying Securities** (Instr. 3 and 4)

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(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	\$ 36.57	01/02/2006		A <u>(1)</u>	1,875 (2)	01/02/2007	01/01/2009	Common Stock	1,875
Employee Stck Option	\$ 36.57	01/02/2006		A <u>(1)</u>	1,875 (2)	01/02/2008	01/01/2010	Common Stock	1,875
Employee Stck Option	\$ 36.57	01/02/2006		A <u>(1)</u>	1,875 (2)	01/02/2009	01/01/2011	Common Stock	1,875
Employee Stck Option	\$ 36.57	01/02/2006		A <u>(1)</u>	1,875 (2)	01/02/2010	01/01/2012	Common Stock	1,875
Employee Stck Option	\$ 36.57	01/02/2006		A <u>(1)</u>	1,875 (2)	01/02/2011	01/01/2013	Common Stock	1,875
Employee Stck Option	\$ 36.57	01/02/2006		A <u>(1)</u>	1,875 (2)	01/02/2012	01/01/2014	Common Stock	1,875
Employee Stck Option	\$ 36.57	01/02/2006		A <u>(1)</u>	1,875 (2)	01/02/2013	01/01/2015	Common Stock	1,875
Employee Stck Option	\$ 36.57	01/02/2006		A <u>(1)</u>	1,875 (2)	01/02/2014	01/01/2016	Common Stock	1,875

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
ENGLAND GARRY L							
1031 COUNTRY CLUB LANE			Sr Vice President -	Warsaw Operations			
WARSAW, IN 46580							

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Date

Signatures

Jacqueline K. Huber POA for Garry L.
England
01/03/2006

**Signature of Reporting Person

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 Reporting Person was granted a stock option pursuant to the terms of the Biomet, Inc. 1998 Qualified and Non-Qualified Stock Option Plan.
- (2) Relate to a single option grant with multiple vesting windows.

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.

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