BIOMET INC Form 5/A July 06, 2006

FORM 5 **OMB** UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB APPROVAL

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ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Washington, D.C. 20549

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940

Form 4 Transactions Reported

(City)

1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer HARTMAN GREORY D Symbol **BIOMET INC [BMET]** (Check all applicable) 3. Statement for Issuer's Fiscal Year Ended (Last) (First) (Middle) (Month/Day/Year) Director 10% Owner _X__ Officer (give title Other (specify 05/31/2006 below) below) **59625 STATE ROAD 13** Senior Vice Pres. - / Finance (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting Filed(Month/Day/Year) (check applicable line) 06/30/2006 ELKHART, ÂINÂ 46517

X Form Filed by One Reporting Person _ Form Filed by More than One Reporting Person

rivetive Securities Acquired Disposed of an Peneficially

(,)	()	Tab	de I - Non-Dei	rivative Securities Acqui	rea, Disposea o	t, or Beneficia	ally 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 at end of Issuer's Fiscal Year	Ownership Form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				(A) or Amount (D) Price	(Instr. 3 and 4)	(Instr. 4)	
Common Stock	05/31/2006	Â	J <u>(1)</u>	\$ 216 (2) A 34.03 (3)	14,269	I	Bmet Employee Stock Bonus Plan

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

(State)

(Zip)

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SEC 2270 (9-02)

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1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)		4. Transaction Code	5. Number of	6. Date Exerc Expiration Do (Month/Day/	ate	7. Title Amou Under	nt of	8. Price of Derivative Security	
(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	e	. va.,	Securi	, ,	(Instr. 5)	
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships				
· · · · · · · · · · · · · · · · · · ·	Director	10% Owner	Officer	Other	
HARTMAN GREORY D 59625 STATE ROAD 13 ELKHART, IN 46517	Â	Â	Senior Vice Pres	Finance	

Signatures

Jacqueline K. Huber POA for Gregory D.
Hartman
07/06/2006

**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).
- (1) This report is being amended to reflect the acquisition of additional shares under the Biomet, Inc. Employee Stock Bonus Plan during the fiscal year ended May 31, 2006.
- These shares were acquired in routine exempt acquisitions pursuant to Rule 16b-3 on a periodic basis between June 1, 2005 and May 31, 2006 pursuant to the Biomet, Inc. Employee Stock Bonus Plan. The information reported herein is based upon estimates provided by the Plans' recordkeeper as of May 31, 2006. The reporting person has voting power but no investment power for these shares.
- (3) This represents the average price of shares acquired in the reporting person's account during the time period June 1, 2005 and May 31, 2006 through the Biomet, Inc. Employee Stock Bonus Plan qualified under Section 401(a) of the Internal Revenue Code.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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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