

BIOMET INC
Form 5
July 13, 2007

FORM 5

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

OMB APPROVAL
OMB Number: 3235-0362
Expires: January 31, 2005
Estimated average burden hours per response... 1.0

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
Form 3 Holdings Reported Form 4 Transactions Reported

ANNUAL 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

1. Name and Address of Reporting Person *
HALLER JAMES W

(Last) (First) (Middle)

P O BOX 587

(Street)

WARSAW, IN 46581-0587

(City) (State) (Zip)

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

3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)
05/31/2007

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)
Controller

6. Individual or Joint/Group Reporting

(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 at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				(A) or (D)	Amount or Price		
Common Stock	05/31/2007	Â	J ⁽¹⁾	96 A	\$ 42.09 <u>(2)</u>	17,243 I	401(k) Savings/Retirement Plan

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

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SEC 2270 (9-02)

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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Price of Underlying Security (Instr. 5)
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Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
HALLER JAMES W P O BOX 587 WARSAW, IN 46581-0587	Â	Â	Â	Controller

Signatures

Jacqueline K. Huber POA for James W. Haller
 Date: 07/13/2007
 **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) These shares represent the Company's contribution to the Reporting Person's account in what was formerly the Company's Employee Stock Bonus Plan. (Effective 4-1-07, the RP may elect to participate in the Biomet 401(k) Savings and Retirement Plan which combines two previous plans: Biomet's 401(k) Profit Sharing Plan and Trust and Biomet's Employee Stock Bonus Plan.) These shares were acquired in routine exempt acquisitions pursuant to Rule 16b-3 on a periodic basis between June 1, 2006 and May 31, 2007. The information reported herein is based upon estimates provided by the Plans' recordkeeper as of May 31, 2007.
- (2) This represents the average price of shares acquired in the RP's account during the time period June 1, 2006 and May 31, 2007 through the Biomet, Inc. Employee Stock Bonus Plan qualified under Section 401(a) of the Internal Revenue Code, which was merged into the Biomet 401(k) Savings and Retirement Plan.

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.