STRATASYS INC Form 3 April 04, 2005 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB

INITIAL STATEMENT OF 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

OMB APPROVAL

OMB Number: 3235-0104 Expires: January 31, 2005 Estimated average burden hours per response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> GALLAGHER ROBERT F			2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol STRATASYS INC [SSYS]				
(Last)	(First)	(Middle)	03/31/2005	4. Relations Person(s) to		ship of Reporting o Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)
C/O STRATASYS, INC., 14950 MARTIN DRIVE				(Check all applicable)				
(Street) EDEN PRAIRIE, MN 55344				Director10% O XOfficerOther (give title below) (specify below Chief Financial Officer		ow)	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 	
(City)	(State)	(Zip)	,	Table I - N	lon-Derivat	ive Securiti	es Be	neficially Owned
1.Title of Secu (Instr. 4)	rity			2. Amount of Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr	1
No securities beneficially owned			0		D		Â	
Reminder: Rep owned directly		ate line for ea	ich class of secur	rities benefici	ially S	EC 1473 (7-02)	
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 Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

currently valid OMB control number.

(Month/Day/Year) Derivative Security (Instr. 4) or Exercise Form of (Instr. 5) Title Derivative Security: Derivative	ture of Indirect ficial Ownership 5)
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Date	Expiration	Amount or	or Indirect
Exercisable	Date	Number of	(I)
		Shares	(Instr. 5)

Reporting Owners

Reporting Owner Name / Addres	5	Relationships						
		10% Owner	Officer	Other				
GALLAGHER ROBERT F C/O STRATASYS, INC. 14950 MARTIN DRIVE EDEN PRAIRIE, MN 5534	Â 44	Â	Chief Financial Officer	Â				
Signatures								
/s/ Robert F. 04/ Gallagher 04/	01/2005							
<u>**</u> Signature of Reporting Person	Date							
Explanation of Be	enong	2001						

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(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.