#### ORTHOFIX INTERNATIONAL N V

Form 4 July 05, 2005

## FORM 4

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

Check this box if no longer

subject to Section 16. Form 4 or

Form 5

obligations may continue. See Instruction 1(b).

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

(Print or Type Responses)

(Last)

(City)

1. Title of

Security

(Instr. 3)

1. Name and Address of Reporting Person \*

FEDERICO CHARLES

(First) (Middle)

C/O ORTHOFIX INC. 10115 KINCEY AVE STE 250

(Street)

(State)

(Zip)

**HUNTERSVILLE, NC 28078** 

2. Transaction Date 2A. Deemed

(Month/Day/Year) Execution Date, if

2. Issuer Name and Ticker or Trading

Symbol

ORTHOFIX INTERNATIONAL N V [OFIX]

(Month/Day/Year) 06/30/2005

4. If Amendment, Date Original

3. Date of Earliest Transaction

Filed(Month/Day/Year)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 4. Securities 3.

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

(A)

or Code V Amount (D) Price 5. Amount of Securities Beneficially

Issuer

below)

\_X\_\_ Director

Applicable Line)

X\_ Officer (give title

Owned Following Reported

Transaction(s)

(Instr. 3 and 4)

Form: Direct Indirect (D) or Indirect Beneficial (Instr. 4)

6. Ownership

Ownership (Instr. 4)

SEC 1474

(9-02)

7. Nature of

10% Owner

Other (specify

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

**OMB** 

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

(Check all applicable)

President & CEO

6. Individual or Joint/Group Filing(Check

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Estimated average

burden hours per

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

(Month/Day/Year)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Conversion 3. Transaction Date 3A. Deemed

(Month/Day/Year) Execution Date, if

5. Number of TransactionDerivative

6. Date Exercisable and **Expiration Date** 

7. Title and Amount of 8 Underlying Securities

### Edgar Filing: ORTHOFIX INTERNATIONAL N V - Form 4

Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired or Dispos (D) (Instr. 3, 4 and 5)	(A) ed of	(Month/Day/	/Year) (Instr. 3 a		4)
				Code V	7 (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to	\$ 43.04	06/30/2005		A	35,000		<u>(1)</u>	06/30/2015	Common Stock	35,000

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
.t g	Director	10% Owner	Officer	Other			
FEDERICO CHARLES C/O ORTHOFIX INC 10115 KINCEY AVE STE 250 HUNTERSVILLE, NC 28078	X		President & CEO				

### **Signatures**

s/Brian McCollum, by power of attorney 07/05/2005

\*\*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).
- The option vests with respect to thirty three and one-third percent (33 1/3%) of the shares covered thereby on each of the first, second and (1) third anniversaries of the grant date. The first anniversary is 6/30/2006. The second anniversary is 6/30/2007. The third anniversary is 6/30/2008.

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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