## Edgar Filing: SURMODICS INC - Form 4

SURMODIC	S INC										
Form 4											
January 05, 2	016										
FORM				OMB APPROVAL							
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							COMMISSION	OMB Number:	3235-0287		
Check this box if no longer subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWNE				Expires:	January 31,		
								Estimated a	2005 Iverade		
Section 16.				RITIES				burden hours per			
Form 4 or Form 5		want to Santian	16(a) of the	o Coourit	ion E	wahana	a A at of $1024$	response	0.5		
obligation		suant to Section a) of the Public U				-		,			
may conti <i>See</i> Instru 1(b).	nue.	30(h) of the I	•	•	· ·			1			
(Print or Type R	esponses)										
BEDOYA JOSE H Symbol			r Name <b>and</b> Ticker or Trading ODICS INC [SRDX]				5. Relationship of Reporting Person(s) to Issuer				
SU				-	XJ		(Check all applicable)				
			Date of Earliest Transaction				N. D				
			Day/Year) 2015				X_ Director10% Owner Officer (give titleOther (specify below)below)				
(Street) 4. If A		4. If Am	Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(M			onth/Day/Yea	r)			Applicable Line)				
BOULDER,	CO 80302						_X_ Form filed by O Form filed by M Person				
(City)	(State) (	(Zip) Tal	ole I - Non-I	Derivative	Secur	ities Aca	uired, Disposed of	or Beneficial	lv Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. Transacti Code (Instr. 8)	4. Securi on(A) or Di (Instr. 3, Amount	ties A spose 4 and (A) or	cquired d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of		
Common Stock	12/31/2015		А	611 <u>(1)</u>	. ,	\$ 20.27	12,162 <u>(2)</u>	D			

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

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)

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1. Title of	2. Conversion	3. Transaction Date		4. Transact	5.		6. Date Exerc		7. Title		8. Price of	9. Nu Doriy
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	(Instr. 8)	iorNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amou Under Securi (Instr.	lying	Derivative Security (Instr. 5)	Deriv Secur Bene Owne Follo Repo Trans (Instr	
				Code V	' (A) (	` '	Date Exercisable	Expiration Date		Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
I B	Director	10% Owner	Officer	Other				
BEDOYA JOSE H 604 10TH STREET BOULDER, CO 80302	Х							
Signatures								
/s/ Bryan K. Phillips, on behalf	01/05/2016							

·Ρ Bedoya

\*\*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 reporting person elected to receive vested deferred stock units (DSUs) in lieu of quarterly cash retainer payments. The DSUs are (1) settled in shares of the issuer's common stock as described below.

The amount beneficially owned includes 5,693 restricted stock units (RSUs) that vest on service-based vesting dates and 6,399 DSUs that (2) are vested upon issuance, each of which will be settled in shares of the issuer's common stock on a 1 for 1 basis when the reporting person's service as a director ends.

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.