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BIOMET INC Form 4 March 24, 2003

FORM 4

U.S. SECURITIES AND EXCHANGE COMMISSION STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

- () Check box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See
- 1. Name and Address of Reporting Person
- 2. Issuer Name and Ticker or Trading Symbol

3. IRS or Social Security Number of Reporting Perso (Voluntary)

Miller, Jerry L.

BIOMET, INC. BMET

365-46-7053

9191 West "S" Avenue

Schoolcraft, MI 49087

6. Relationship of Reporting Person to Issuer (Check all applicable)

_Director _10% Owner _Officer (give title below) _Other (specify below)

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- 7. Individual or Joint/Group Reporting
 - [X] 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. Trans- 3. action Date	Trans- action Code (Instr.	4. Securities aq or Disposed o (Instr. 3, 4	f (D)	S	Amount of 6 Securities Beneficially Dwned at	. Owner- Ship Form: Direct
	(Month/ Day/	8)	(A) or		E	End of Month (Instr. 3	(D) or Indired
	Year)	Code V	Amount	(D) Price	á	and 4)	(I)
Common Stock						105,	942 D
Common Stock	03-21-2003	S	30,000	D	\$31.25		I
Common Stock	03-21-2003	S	20,000	D	\$31.20	3,787,	209 I

Table II - Derivative Securities Acquired, Disposed of, or Beneficially owned (e.g., puts, calls, warrants, options, convertable securities)

1.	2.	3.	4.	5.	6.	7.
Title of	Con-	Trans-	Trans-	Number of	Date exer-	Title and Amount
Derivative	version	action	action	Derivative	cisable and	of Underlying
Security	or	Date	Code	Securities	Expiration	Securities
(Instr. 3)	Exercise		(Instr.	Acquired (A)	Date	(Instr. 3 and 4)
	Price of		8)	or Disposed	(Month/	
	Deriv-			of (D)	Day/Year)	
	ative			(Instr. 3,		

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Jerry L. Miller

Security 4 and 5) (Amount Date Expi-Exer- ra-cis- tion Month/ C or Day/ O Exer- raYear D cis- tion
) E V (A) (D) able Date Title Number of Shares Stock Option Common Stock Explanation of responses: Signature of Reporting Person: /s/Jerry L. Miller _____

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