BIOMET INC Form 4 March 28, 2006

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)

1. Name and Address of Reporting Person * HANN DANIEL P

(First) (Middle)

(Street)

(State)

(Month/Day/Year)

230 EMS T5 LANE

(Last)

(City)

1.Title of

Security

(Instr. 3)

LEESBURG, IN 46538

2. Issuer Name and Ticker or Trading

Symbol **BIOMET INC [BMET]**

3. Date of Earliest Transaction

(Month/Day/Year) 03/24/2006

4. If Amendment, Date Original

Filed(Month/Day/Year)

3.

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

Execution Date, if TransactionAcquired (A) or Code (Month/Day/Year) (Instr. 8)

Disposed of (D)

(Instr. 3, 4 and 5)

4. Securities

Following Reported (A) Transaction(s)

(Instr. 3 and 4) Code V Amount (D) Price

Issuer

below)

Person

5. Amount of

Securities

Owned

Beneficially

_X__ Director

Applicable Line)

X_ Officer (give title

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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 Security

Conversion or Exercise

3. Transaction Date 3A. Deemed (Month/Day/Year)

(Zip)

2. Transaction Date 2A. Deemed

Execution Date, if any

4. 5. Number of **Transaction**Derivative Code Securities

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amount of **Underlying Securities** (Instr. 3 and 4)

OMB APPROVAL

3235-0287

January 31,

2005

0.5

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Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

(Check all applicable)

President & CEO

6. Ownership

Form: Direct

(D) or Indirect Beneficial

6. Individual or Joint/Group Filing(Check

X Form filed by One Reporting Person Form filed by More than One Reporting

(T)

(Instr. 4)

10% Owner

Other (specify

7. Nature of

Ownership

(Instr. 4)

Indirect

Estimated average

burden hours per

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stck Option	\$ 34.32	03/24/2006		A	25,000	03/24/2007	03/23/2009	Common Stock	25,000
Employee Stck Option	\$ 34.32	03/24/2006		A	25,000	03/24/2008	03/23/2010	Common Stock	25,000
Employee Stck Option	\$ 34.32	03/24/2006		A	25,000	03/24/2009	03/23/2011	Common Stock	25,000
Employee Stck Option	\$ 34.32	03/24/2006		A	25,000	03/24/2010	03/23/2012	Common Stock	25,000
Employee Stck Option	\$ 34.32	03/24/2006		A	25,000	03/24/2011	03/23/2013	Common Stock	25,000
Employee Stck Option	\$ 34.32	03/24/2006		A	25,000	03/24/2012	03/23/2014	Common Stock	25,000
Employee Stck Option	\$ 34.32	03/24/2006		A	25,000	03/24/2013	03/23/2015	Common Stock	25,000
Employee Stck Option	\$ 34.32	03/24/2006		A	25,000	03/24/2014	03/23/2016	Common Stock	25,000

Reporting Owners

Reporting Owner Name / Address	Relationships					
Fg	Director	10% Owner	Officer	Other		
HANN DANIEL P						
230 EMS T5 LANE	X		President & CEO			
LEESBURG, IN 46538						

Signatures

Daniel P. Hann	03/28/2006		
**Signature of Reporting Person	Date		

Reporting Owners 2

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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).

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.