Edgar Filing: SURMODICS INC - Form 4

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Form 4											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMM Washington, D.C. 20549								OMMISSION	OMB APPROVAL OMB 3235-0287 Number:		
Check thi if no long subject to Section 1 Form 4 o Form 5 obligation may cont <i>See</i> Instru 1(b).	6. Filed pur Section 170	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, e. Section 17(a) of the Public Utility Holding Company Act of 1935 or Section							Expires: Estimated a burden hour response	•	
(Print or Type F	Responses)										
1. Name and Address of Reporting Person *2. IsStich Joseph J.Symb				r Name and				5. Relationship of Reporting Person(s) to Issuer			
				ODICS IN	-	X]		(Check all applicable)			
(Month				ate of Earliest Transaction nth/Day/Year) 04/2015				Director 10% Owner X Officer (give title Other (specify below) VP, Bus Ops & GM, IVD			
				-				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
EDEN PRA	IRIE, MN 55344	4						Form filed by M Person	ore than One Rej	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acqu	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8) Code V	(Instr. 3,	spose 4 and (A) or	d of (D) 5) Price	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 Indirect Beneficial Ownership (Instr. 4)	
Common Stock	12/04/2015			S <u>(1)</u>	1,000	D	\$ 21.178 (2)	21,464	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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Stich Joseph J. 9924 WEST 74TH STREET EDEN PRAIRIE, MN 55344			VP, Bus Ops & GM, IVD				
Signatures							
/s/ Bryan K. Phillips, on behalf Stich	of Josepl	n J.	12/07/2015				
**Signature of Reporting Per	son		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).
- (1) Sales effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on May 21, 2015.

Reflects the weighted average price of 1,000 shares of common stock of Surmodics, Inc. sold by the reporting person in multiple transactions on December 4, 2015 with sale prices ranging from \$20.93 to \$21.45 per share. The reporting person undertakes to provide

(2) transactions on December 4, 2015 with sale prices ranging from \$20.55 to \$21.45 per shale. The reporting person undertaces to provide upon request by the U.S. Securities and Exchange Commission staff, the issuer, or a security holder of the issuer, full information regarding the number of shares sold at each separate price.

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.