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Form 3
January 10, 2003

OMB APPROVAL

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, DC 20549

FORM 3

INITIAL STATEMENT OF 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 of Type Responses)

1. Name and Address of Reporting Person*

d'Abreu de Paulo, Alberto C.

(Last)

(First)

(Middle)

10115 Kinsey Avenue, Suite 250

(Street)

Huntersville, N.C. 28078

(City)

(State)

(Zip)

2. Date of Event Requiring Statement (Month/Day/Year)

01/02/03

3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)

4. Issuer Name and Ticker or Trading Symbol

Orthofix International N.V. ("OFIX")

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

Director

10% Owner

Officer (give title below)

Other (specify below)

6. If Amendment, Date of Original (Month/Day/Year)

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1. Title of Derivative Security (Instr. 4)	Date Exercisable	Expiration Date	Title	Number of Shares	Price of Derivative Security
Stock Option (right to buy)	(1)	3/31/03	Common Stock	7,500	\$14.40
Stock Option (right to buy)	(1)	6/30/04	Common Stock	10,000	\$14.40

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

Explanation of Responses:

- (1) The option is currently exercisable.

/s/ Alberto C. d'Abreu de Paulo	1/10/03
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**Signature of Reporting Person	Date

* If the form is filed by more than one reporting person, see Instruction 5(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.