

BIOMET INC  
Form 5/A  
July 06, 2006

**FORM 5**

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549**

OMB APPROVAL  
OMB Number: 3235-0362  
Expires: January 31, 2005  
Estimated average burden hours per response... 1.0

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).  
Form 3 Holdings Reported Form 4 Transactions Reported

**ANNUAL 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

1. Name and Address of Reporting Person \*  
**HALLER JAMES W**

(Last) (First) (Middle)

2211 S. PAXTON DRIVE

(Street)

WARSAW, IN 46580

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol  
**BIOMET INC [BMET]**

3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)  
**05/31/2006**

4. If Amendment, Date Original Filed(Month/Day/Year)  
**07/05/2006**

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director  10% Owner  
 Officer (give title below)  Other (specify below)  
Controller

6. Individual or Joint/Group Reporting

(check applicable line)

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. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	05/31/2006 <sup>(1)</sup>	Â	J	216 <sup>(2)</sup> A	\$ 34.03 <sup>(3)</sup> 7,719	I	Bmet Employee Stock Bonus Plan

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

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SEC 2270 (9-02)

**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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Price of Underlying Security (Instr. 5)
					(A) (D)	Date Exercisable Expiration Date	Title	Amount or Number of Shares	

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
HALLER JAMES W 2211 S. PAXTON DRIVE WARSAW, IN 46580	Â	Â	Â Controller	Â

## Signatures

James Haller 07/06/2006  
 \*\*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).
- (1) This report is being amended to reflect the acquisition of additional shares under the Biomet, Inc. Employee Stock Bonus Plan during the fiscal year ended May 31, 2006.  
 These shares were acquired in routine exempt acquisitions pursuant to Rule 16b-3 on a periodic basis between June 1, 2005 and May 31, 2006 pursuant to the Biomet, Inc. Employee Stock Bonus Plan. The information reported herein is based upon estimates provided by the Plans' recordkeeper as of May 31, 2006. The reporting person has voting power but no investment power for these shares.
- (3) This represents the average price of shares acquired in the reporting person's account during the time period June 1, 2005 and May 31, 2006 through the Biomet, Inc. Employee Stock Bonus Plan qualified under Section 401(a) of the Internal Revenue Code.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.