Edgar Filing: SCHLOTTERBECK DAVID L - Form 4

SCHLOTTERBE Form 4	CK DAVID	L									
May 23, 2007								OMB A	PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								3235-0287			
Check this box	() usinigton, D.C. 2004)								January 31,		
if no longer subject to Section 16. Form 4 or	STATEMENT OF CHANGES IN BENEFICIAL OWNE SECURITIES						WNERSHIP OF	Estimated burden hou	urs per		
Form 5 obligations may continue. <i>See</i> Instruction 1(b).	-	a) of the	Public U	Itility Hol	ding Cor		inge Act of 1934, t of 1935 or Section 1940	response on	. 0.5		
(Print or Type Respon	ises)										
1. Name and Address of Reporting Person <u>*</u> SCHLOTTERBECK DAVID L			2. Issuer Name and Ticker or Trading Symbol STAAR SURGICAL CO [STAA]			-	5. Relationship of Reporting Person(s) to Issuer				
(Lest)	First)					[SIAA]	(Check all applicable)				
(Last) (First) (Middle) C/O STAAR SURGICAL COMPANY, 1911 WALKER AVENUE			3. Date of Earliest Transaction (Month/Day/Year) 05/16/2007			X_ Director 10% Owner Officer (give title below) Other (specify below)					
(Street)			4. If Amendment, Date Original			ıl	6. Individual or Joint/Group Filing(Check				
MONROVIA, CA	A 91016		Filed(Mo	onth/Day/Yea	r)		Applicable Line) _X_ Form filed by Form filed by Person	One Reporting P More than One R			
(City) (S	State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned		
	nsaction Date h/Day/Year)		Date, if	3. Transactio Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, 4	(A) or of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	or (D) Price	(Instr. 3 and 4)				
Reminder: Report on	a separate line	for each cl	ass of sec	urities bene	ficially ow	ned directly	or indirectly				
					Perso inform requir	ns who re nation con red to resp ays a curre	spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tab					posed of, or convertible	· Beneficially Owned securities)	1			
1. Title of 2.	3. Tran	saction Dat	e 3A. De	eemed	4.	5. Numbe	er of 6. Date Exerc	isable and	7. Title and Amount of		

Conversion (Month/Day/Year) Execution Date, if TransactionDerivative

Derivative

1

Expiration Date

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)		
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Common Stock Options	\$ 4.79	05/16/2007		А	20,000		05/16/2008	05/15/2017	Common Stock	20,000

Reporting Owners

Reporting Owner Name / Address		Relationsh		
	Director	10% Owner	Officer	Other
SCHLOTTERBECK DAVID L C/O STAAR SURGICAL COMPANY 1911 WALKER AVENUE MONROVIA, CA 91016	Х			
Signatures				
Charles Kaufman as Attorney-in-Fact for Schlotterbeck	05/23/2007			
***************************************				D .

**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).

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.