Edgar Filing: TELEFLEX INC - Form 4

TELEELEV INC

TELEFLEX IN	NC										
Form 4											
March 03, 201	5										
FORM	Л							OMB AF	PROVAL		
	UNITED S	TATES SEC	CURITIES A	AND EX	СНА	NGE C	OMMISSION	OMB	0005 0007		
			Washington					Number:	3235-0287		
Check this b			_					Expires:	January 31,		
if no longer subject to	ENT OF CH	CHANGES IN BENEFICIAL OW				VERSHIP OF		2005			
Section 16.		SECURITIES					Estimated average burden hours per				
Form 4 or								response 0.5			
Form 5	Filed purs	uant to Section	on 16(a) of th	ne Securit	ties E	Exchange	e Act of 1934,				
obligations	Section 17(a					-	1935 or Section	1			
may continu See Instruct	ue.		e Investmen	•	· ·						
1(b).	1011	. ,		1	2						
(Print or Type Res	sponses)										
1. Name and Add	ssuer Name an	er Name and Ticker or Trading			5. Relationship of Reporting Person(s) to						
SMITH BENSON			Symbol				Issuer				
			TELEFLEX INC [TFX]								
							(Check	c all applicable)		
(Last)	(First) (M		te of Earliest T	ransaction			V Dimeter	100	0		
550 E. SWEDESFORD			(Month/Day/Year) 02/02/2015				_X_ Director 10% Owner _X_ Officer (give title Other (specify				
ROAD, SUITE 400			03/02/2015				below) below)				
KOAD, SUIT	E 400						Chairman,	President and	CEO		
	(Street)	4. If	Amendment, D	ate Origina	1		6. Individual or Joi	int/Group Filin	g(Check		
			Filed(Month/Day/Year)				Applicable Line)				
							_X_Form filed by O				
WAYNE, PA	19087						Form filed by M Person	ore than One Rej	porting		
$(C;t_{x})$	(Stata)	7:n)									
(City)	(State) (Zip) ,	Table I - Non-	Derivative	Secur	ities Acqu	uired, Disposed of,	or Beneficiall	y Owned		
1.Title of 2	. Transaction Date	2A. Deemed	3.	4. Securit	ties Ac	cquired	5. Amount of	6.	7. Nature of		
-	Month/Day/Year)	Execution Date		on(A) or Di	•		Securities	Ownership	Indirect		
(Instr. 3)		any	Code	(Instr. 3,	4 and	5)	Beneficially	Form: Direct			
		(Month/Day/Ye	ear) (Instr. 8)				Owned Following	(D) or Indirect (I)	Ownership (Instr. 4)		
							Reported	(Instr. 4)	(1130.4)		
					(A)		Transaction(s)				
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common				4,464	, í	\$					
Stock 0	3/02/2015		F	(1)	D	φ 122.91	59,587	D			
SIUCK						122.91					

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)

Edgar Filing: TELEFLEX INC - Form 4

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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna 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			
SMITH BENSON 550 E. SWEDESFORD ROAD SUITE 400 WAYNE, PA 19087	Х		Chairman, President and CEO				
Signatures							
Daniel V. Logue with POA for I Smith	Benson F.		03/03/2015				
<u>**</u> Signature of Reporting Perso	n		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) Shares withheld to satisfy tax liability upon vesting of restricted stock award.

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.