

Edgar Filing: ORTHOFIX INTERNATIONAL N V - Form 4

ORTHOFIX INTERNATIONAL N V
Form 4
March 26, 2003

OMB APPROVAL

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, DC 20549

FORM 4

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

(Print of Type Responses)

-
1. Name and Address of Reporting Person*
Gaines-Coopers Robert
-
- | | | |
|--------------------------------|---------|----------|
| (Last) | (First) | (Middle) |
| 10115 Kinsey Avenue, Suite 250 | | |
-
- | | | |
|---------------|----------|-------|
| | (Street) | |
| Huntersville, | NC | 28078 |
-
- | | | |
|--------|---------|-------|
| (City) | (State) | (Zip) |
|--------|---------|-------|
-
2. Issuer Name and Ticker or Trading Symbol
Orthofix International N.V. ("OFIX")
-
3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)
-
4. Statement for Month/Day/Year
03/24/03
-
5. If Amendment, Date of Original (Month/Day/Year)
-
6. Relationship of Reporting Person(s) to Issuer
(Check all applicable)

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

Chairman

7. Individual or Joint/Group Filing (Check Applicable line)

Form Filed by One Reporting Person
 Form Filed by More than One Reporting Person

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Table I -- Non-Derivative Securities Acquired, Disposed of,
 or Beneficially Owned

=====

1. Title of Security (Instr. 3)	2. Trans- action Date (mm/dd/yy)	2A. Deemed Execution Date, if any (mm/dd/yy)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		
			Code	V	Amount	(A) or (D)	Price
Common Stock	3/24/03		M		275,000	A	\$14.40

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

* If the form is filed by more than one reporting person, see Instruction 4(b) (v).

Potential 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

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Note: File three copies of this Form, one of which must be manually signed.
If space is insufficient, see Instruction 6 for procedure.

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