

Edgar Filing: ORTHOFIX INTERNATIONAL N V - Form 3

ORTHOFIX INTERNATIONAL N V  
Form 3  
January 10, 2003

-----  
OMB APPROVAL  
-----

OMB Number: 3235-0104  
Expires: January 31, 2005  
Estimated average burden  
hours per response.....0.5  
-----

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

Gaines-Cooper

Robert

-----  
(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)

Chairman  
-----  
-----

Edgar Filing: ORTHOFIX INTERNATIONAL N V - Form 3

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

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

Form filed by One Reporting Person

Form filed by More than One Reporting Person

Table I -- Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature (Instr.)
Common Stock	300,000	D	
Common Stock	718,000 (1)	I	By Bir
Common Stock	220,000 (1)	I	By LMA

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 5(b)(v).

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.

(Over)  
SEC 147 (7-02)

Edgar Filing: ORTHOFIX INTERNATIONAL N V - Form 3

FORM 3 (continued)

Table II -- Derivative Securities Beneficially Owned  
(e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security
	Date Exercisable	Expiration Date		
Stock Option (right to buy)	(2)	3/31/03	Common Stock 275,000	\$14.
Stock Option (right to buy)	(2)	1/1/09	Common Stock 100,000	\$17.8
Stock Option (right to buy)	(3)	1/1/09	Common Stock 87,500	\$17.8

Explanation of Responses:

- (1) The Reporting Person disclaims beneficial ownership of these securities except to the extent of his pecuniary interest therein, and this report shall not be deemed an admission that the Reporting Person is the beneficial owner of such securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, or for any other purposes.
- (2) The option is currently exercisable.
- (3) The option vests on the earlier of January 1, 2004 or the date on which the closing price of OFIX's Common Stock is \$55 or higher consecutively for ten trading days immediately prior to such date.

Edgar Filing: ORTHOFIX INTERNATIONAL N V - Form 3

/s/ Robert Gaines-Cooper

1/10/03

-----  
\*\*Signature of Reporting Person

-----  
Date

\*\* 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.

Page 2