## Edgar Filing: RUIZ WALLACE D - Form 4/A

RUIZ WAL Form 4/A												
August 03, 2 FORN Check th	<b>14</b> UNITED		Wa	shington	, D.C. 20	549		COMMISSI		OMB A OMB Number: Expires:	PPROV 3235 Janua	-0287
if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). STATEMENT OF CHANGES IN BENEFICIAL OWNERSHI SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 3 Section 17(a) of the Public Utility Holding Company Act of 1935 or 30(h) of the Investment Company Act of 1940							nge Act of 193 of 1935 or Se	34,	Estimated average burden hours per response 0			
(Print or Type	Responses)											
RUIZ WALLACE D Sy				2. Issuer Name <b>and</b> Ticker or Trading Symbol SRI SURGICAL EXPRESS INC [STRC]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			<ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>08/03/2007</li></ul>				Director 10% Owner X Officer (give title Other (specify below) below) Chief Financial Officer & SVP					
Filed(M			. If Amendment, Date Original iled(Month/Day/Year) 8/02/2007			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person						
TAMPA, F	L 33626							Form filed Person	l by Mo	ore than One R	eporting	
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secu	rities A	cquired, Dispos	ed of,	or Beneficia	lly Owne	ed
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution D any (Month/Day,	ate, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) of of (D)	)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Fo (D (I)	Ownership orm: Direct or Indirect hstr. 4)	7. Natur Indirect Benefici Ownersl (Instr. 4)	al 11p
Reminder: Rep	port on a separate line	e for each clas	s of secu	urities bene	-		-	or indirectly.	ollecti	ion of S	SEC 1474	

Persons who respond to the collection of information contained in this form are not (9-02) 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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Acquired or Dispose (D) (Instr. 3, 4 and 5)	ed of				
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option to buy (Common Stock) (1)	\$ 4.6	03/14/2007		A		20,000		(2)	03/14/2017	Common Stock	20,000
Option to buy (Common Stock) (1)	\$ 4.85	07/31/2007		А		7,500		(4)	07/31/2017	Common Stock	7,500

## **Reporting Owners**

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
RUIZ WALLACE D 12425 RACE TRACK ROAD TAMPA, FL 33626			Chief Financial Officer & SVP						
Signatures									
David S. Felman, Hill, Ward & Attorney-in-fact	Henderso	08/03/2007							

\*\*Signature of Reporting Person

## **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) The description of the option set forth in the reporting persons original Form 4 contained errors. This amendment sets forth the correct description.

Date

- (2) The option vests in five equal annual installments of 4,000 shares beginning on March 14, 2008.
- (3) The option was granted, not sold, and therefore there was no sales price paid by the reporting person.
- (4) The option vests in five equal annual installments of 1,500 shares beginning on July 31, 2008.

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.