### Edgar Filing: EDWARDS LIFESCIENCES CORP - Form 4

#### **EDWARDS LIFESCIENCES CORP**

Form 4 May 24, 2006

## FORM 4

#### **OMB APPROVAL**

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB** 3235-0287 Number:

Check this box if no longer subject to Section 16.

January 31, Expires: 2005

Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Estimated average burden hours per response... 0.5

5. Relationship of Reporting Person(s) to

Form 5 obligations may continue. See Instruction

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

2. Issuer Name and Ticker or Trading

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

BESSLER ANITA			Symbol EDWARDS LIFESCIENCES CORP [EW]				Issuer (Check all applicable)			
(Last)	(First)		3. Date of Earliest Transaction (Month/Day/Year)				Director 10% Owner X Officer (give title Other (specify			
C/O EDWARDS LIFESCIENCES CORPORATION;, ONE EDWARDS WAY			05/23/2006				below)  Corp VP, Global Franchise Mgmt			
	(Street)	4	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
		]	Filed(Month/Day/Yo	ear)			Applicable Line) _X_ Form filed by One Reporting Person			
IRVINE, C	CA 92614						Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table I - Non	-Derivative	Secu	rities Acquii	red, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if Transact Code	iomr Dispos (Instr. 3,	sed of (		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. 7. Nature of Ownership Indirect Form: Beneficial Direct (D) Ownership or Indirect (Instr. 4) (I) (Instr. 4)		
Common Stock							4,828 (1)	I	By 401(k)	
Common Stock	05/23/2006		M	20,000	A	\$ 13.2109	42,055 (2)	D		
Common Stock	05/23/2006		S	20,000	D	\$ 43.462	22,055 (2)	D		

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)

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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 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. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (Right to Acquire)	\$ 13.2109	05/01/2006		M		20,000	11/16/2001	11/16/2008	Common Stock	20,000

# **Reporting Owners**

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

BESSLER ANITA C/O EDWARDS LIFESCIENCES CORPORATION; ONE EDWARDS WAY IRVINE, CA 92614

Corp VP, Global Franchise Mgmt

### **Signatures**

/s/ Jay P. Wertheim, Attorney-in-fact 05/24/2006

\*\*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).
- (1) Shares represented on the most recent statement of the 401(k) Plan Administrator where a unitized accounting procedure is utilized to convert the equities to share equivalents.
- (2) This Form 4 reflects changes in beneficial ownership only; it does not identify other securities of the Issuer beneficially owned by the reporting person.

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.

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