Edgar Filing: ADVANCED MEDICAL OPTICS INC - Form 4

ADVANCE Form 4 July 27, 200	ED MEDICAL OF	TICS IN	C									
FORM									OMB A	PPROVAL		
	UNITED	STATES					NGE C	OMMISSION	OMB Number:	3235-0287		
Check t if no lor subject Section Form 4	to STATEN 16.	Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Expires: January 31, 2005 Estimated average burden hours per response 0.5		
Form 5 obligation may con <i>See</i> Inst 1(b).	ons ntinue. Section 17(Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, ection 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940										
(Print or Type	Responses)											
1. Name and TRENARY	2. issuer raune und riener er ridding					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Last) C/O ADVA OPTICS, I ANDREW	3. Date of Earliest Transaction . (Month/Day/Year)					Director 10% Owner X Officer (give title Other (specify below) below) Corporate Vice President						
SANTA A	(Street) NA, CA 92705			endment, D onth/Day/Yea	-	ıl		6. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by M Person	ne Reporting Pe	erson		
(City)	(State)	(Zip)	Tab	le I - Non-J	Derivative	Secu	rities Acqu	iired, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. 4. Securities Acquired (A) 5. A re, if Transaction Disposed of (D) Sec Code (Instr. 3, 4 and 5) Ber Vear) (Instr. 8) Ow Fol (A) Tra			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common Stock	07/25/2005			М	10,000	А	\$ 8.99	10,509.5805 (1)	D			
Common Stock	07/25/2005			S	10,000	D	\$ 40.265	509.5805 <u>(1)</u>	D			
Common Stock								1.5162	I	By 401(k) Trust (as of 05/23/05)		

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)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. Transacti Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration 1 (Month/Day	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 Buy)	\$ 8.99	07/25/2005		М	10,00) (2)	07/29/2012	Common Stock	10,000	

Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
TRENARY C RUSSELL III C/O ADVANCED MEDICAL OPTICS, INC. 1700 E. ST. ANDREW PLACE SANTA ANA, CA 92705			Corporate Vice President		
Signatures					
C. Russell Trenary, III, by Diane W. Biagianti, Fact	in	07/27/2005			
**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).
- Includes an aggregate of 509.5805 shares acquired under the Advanced Medical Optics, Inc. Employee Stock Purchase Plan through (1) April 30, 2005.
- Stock option vests 25% per year on each anniversary of the date of grant, which was July 29, 2002; the option will be fully vested on July (2)29, 2006 (provided applicable provisions of such option are complied with).

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.