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EDWARDS LIFESCIENCES CORP

Form 4 April 05, 2006

FORM 4

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB 3235-0287 Number:

Check this box if no longer subject to

Washington, D.C. 20549

January 31, Expires: 2005

Section 16. Form 4 or Form 5

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

Estimated average burden hours per

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obligations may continue.

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

response... 0.5

See Instruction 1(b).

(Print or Type Responses)

1 Name and Address of Departing De

BESSLER A	ANITA	Symbol	EDWARDS LIFESCIENCES CORP					(Check all applicable) Director 10% Owner X Officer (give title Other (specify below) Corp VP, Global Franchise Mgmt			
(Last) C/O EDWA: CORPORATEDWARDS	RDS LIFESCIEN ΓΙΟΝ;, ΟΝΕ	(Month/Da									
IRVINE, CA		4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State) (Z	Zip) Table	e I - Non-Do	erivative S	ecuri	ties Ac	quired, Disposed	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	ity (Month/Day/Year) Execu		3. Transactic Code (Instr. 8)	ransactionAcquired (A) or ode Disposed of (D) astr. 8) (Instr. 3, 4 and 5) (A) or			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) 6. Ownership Form: Direct Indirect				
Common Stock					` /		4,913	I	By 401(k)		
Common Stock	04/04/2006		A	616 (2)	A	\$ 0	15,767 (3) (4)	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)required to respond unless the form displays a currently valid OMB control number.

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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.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of	9
	Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration Date		Amount of		Derivative	J
	Security	or Exercise		any	Code	of	(Month/Day/Year)		Underlying	Security	,	
(Instr. 3)		Price of		(Month/Day/Year)	(Instr. 8	Derivative	,		Securities		(Instr. 5)]
		Derivative				Securities	Securities		(Instr.	3 and 4)		(
		Security				Acquired						J
		_				(A) or						J
						Disposed						-
						of (D)						(
						(Instr. 3,						
						4, and 5)						
										Amount		
										Amount		
						Date	Expiration	or Title Number				
							Exercisable Date		of			
				C-1- 1	7 (A) (D)							
					Code V	(A) (D)				Shares		

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

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

Signatures

/s/ Jay P. Wertheim, Attorney-in-fact 04/05/2006

**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) Reflects unvested restricted stock units granted on April 4, 2006.
- (3) This amount includes quarterly acquisitions of shares under the Edwards Lifesciences Corporation Employee Stock Purchase Plan as reflected on the most recent report of the plan administrator.
- (4) 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.

Reporting Owners 2