### Edgar Filing: MORRISON DAVID R - Form 4

MORRISON DAVID R Form 4 May 23, 2007					
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <b>STATEMENT</b> <b>STATEMENT</b>	<b>TES SECURITIES AND EXCHANGE</b> <b>Washington, D.C. 20549</b> <b>T OF CHANGES IN BENEFICIAL OV</b> <b>SECURITIES</b> to Section 16(a) of the Securities Exchanthe Public Utility Holding Company Act of 1 O(h) of the Investment Company Act of 1	VNERSHIP OFState3235-0287VNERSHIP OFExpires:January 31, 2005Estimated average burden hours per response0.5nge Act of 1934, of 1935 or Section0.5			
(Print or Type Responses)					
1. Name and Address of Reporting Person MORRISON DAVID R	<ul> <li>2. Issuer Name and Ticker or Trading Symbol</li> <li>STAAR SURGICAL CO [STAA]</li> </ul>	5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) 1911 WALKER AVENUE	3. Date of Earliest Transaction (Month/Day/Year) 05/16/2007	(Check all applicable) <u>X</u> Director <u>10%</u> Owner Officer (give title <u>Other</u> (specify below) <u>below</u> )			
(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)	<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
MONROVIA, CA 91016 (City) (State) (Zip)		Person			
1.Title of Security2. Transaction Date (Month/Day/Year)2A. D Execu any(Instr. 3)any	eemed 3. 4. Securities	cquired, Disposed of, or Beneficially Owned5. Amount of Securities6. Ownership Form: Direct7. Nature of IndirectBeneficially Owned(D) or IndirectBeneficial OwnershipOwned Following Transaction(s) (Instr. 3 and 4)(Instr. 4)			
Reminder: Report on a separate line for ea	information cont required to respo	or indirectly. pond to the collection of SEC 1474 ained in this form are not (9-02) ond unless the form atly valid OMB control			

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of		3. Transaction Date				6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired (A)		

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	Derivative Security			or Disposed of (D) (Instr. 3, 4, and 5)						
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Common Stock Options	\$ 4.79	05/16/2007	А		20,000		05/16/2008	05/15/2017	Common Stock	20,000

### **Reporting Owners**

Reporting Owner Name / Address		Relationsh						
	Director	10% Owner	Officer	Other				
MORRISON DAVID R 1911 WALKER AVENUE MONROVIA, CA 91016	Х							
Signatures								
/s/ Deborah Andrews as attorne Morrison	05/23/2007							

<u>\*\*</u>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).

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.