

# SECURITIES AND EXCHANGE COMMISSION

## FORM 4

Statement of changes in beneficial ownership of securities

Filing Date: **2005-05-02** | Period of Report: **2005-04-29**  
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### ISSUER

#### **NUVASIVE INC**

CIK: **1142596** | IRS No.: **330768598** | State of Incorporation: **DE**  
SIC: **3841** Surgical & medical instruments & apparatus

#### Mailing Address

4545 TOWNE CENTRE COURT  
SAN DIEGO CA 92121

#### Business Address

4545 TOWNE CENTRE COURT  
SAN DIEGO CA 92121  
(858) 909-1800

### REPORTING OWNER

#### **KLEINER PERKINS CAUFIELD & BYERS VIII LP**

CIK: **1032458** | State of Incorporation: **CA** | Fiscal Year End: **1231**  
Type: **4** | Act: **34** | File No.: **000-50744** | Film No.: **05792156**

#### Mailing Address

2750 SAND HILL ROAD  
MENLO PARK CA 94025

#### Business Address

2750 SAND HILL ROAD  
MENLO PARK CA 94025  
4152332750

# FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

### OMB APPROVAL

OMB Number: 3235-0287  
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 Estimated average burden  
 hours per response 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person <b><u>KLEINER PERKINS CAUFIELD &amp; BYERS VIII LP</u></b>			2. Issuer Name and Ticker or Trading Symbol <b><u>NUVASIVE INC [NUVA]</u></b>			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) ____ Director <input checked="" type="checkbox"/> 10% Owner ____ Officer (give title)      ____ Other (specify below)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) <b><u>04/29/2005</u></b>			6. Individual or Joint/Group Filing (Check applicable line) <input checked="" type="checkbox"/> Form Filed by One Reporting Person ____ Form Filed by More than One Reporting Person		
2750 SAND HILL ROAD			4. If Amendment, Date Original Filed(Month/Day/Year)					
(Street) <b><u>MENLO PARK, CA 94025</u></b>								
(City)	(State)	(Zip)						

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
<b><u>Common Stock</u></b>	<b><u>04/29/2005</u></b>		<b><u>J</u></b>		<b><u>555,777</u></b>	<b><u>D</u></b>	<b><u>\$ 0</u></b>	<b><u>1,110,841</u></b>	<b><u>D</u></b>	

**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. Transaction Code (Instr. 8)		5. Number of Derivative 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 Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date					

#### Signatures

**Susan Biglieri, Attorney-in-Fact**

\*\* Signature of Reporting Person

**05/02/2005**

Date

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

\* 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.

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.**