

SECURITIES AND EXCHANGE COMMISSION

FORM 3

Filing Date: **2005-05-02** | Period of Report: **2005-04-28**
SEC Accession No. **0001181431-05-024902**

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ISSUER

STAAR SURGICAL CO

CIK: **718937** | IRS No.: **953797439** | State of Incorporation: **DE** | Fiscal Year End: **0101**
SIC: **3851** Ophthalmic goods

Mailing Address
*1911 WALKER AVE
MONROVIA CA 91016*

Business Address
*1911 WALKER AVE
MONROVIA CA 91016
6263037902*

REPORTING OWNER

Kaufman Charles S

CIK: **1325699**
Type: **3** | Act: **34** | File No.: **000-11634** | Film No.: **05792504**

Mailing Address
*1911 WALKER AVE
MONROVIA CA 91016*

Business Address
626-303-7902

**UNITED STATES SECURITIES AND EXCHANGE
COMMISSION**

Washington, D.C. 20549

OMB APPROVAL	
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**INITIAL STATEMENT OF BENEFICIAL
OWNERSHIP OF SECURITIES**

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 <u>Kaufman Charles S</u> (Last) (First) (Middle) 1911 WALKER AVENUE (Street) MONROVIA, CA 91016 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 04/28/2005	3. Issuer Name and Ticker or Trading Symbol <u>STAAR SURGICAL CO [STAA]</u>		
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) _____ Director _____ 10% Owner <input checked="" type="checkbox"/> Officer (give title below) _____ Other (specify below) <u>V.P., General Counsel</u>		5. If Amendment, Date Original Filed (Month/Day/Year)
		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		

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

Signatures

/s/ Charles S. Kaufman

** Signature of Reporting Person

04/29/2005

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.