Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

OMB APPROVAL OMB Number:

Estimated average burden hours per response: 0.5

| 1. Name and Address of Reporting Person* <u>Jones Lou H</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol TEMPUR PEDIC INTERNATIONAL INC [TPX] | | | | | | | | (Che | 5. Relationship of Reporting Po (Check all applicable) Director Officer (give title | | | son(s) to Iss 10% Ov Other (s | vner | |
|--|---|--|---|--|---|--|------------|---------|---------------------------------------|-------------------|--|--|------|---|--|---|-----------------------------------|---|---------------------------------------|--|
| (Last) | (F | irst) | (Middle) | | <u> </u> | | | | | | | | | . > | below) | | | below) | эреспу | |
| C/O TEMPUR-PEDIC INTERNATIONAL INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/15/2009 | | | | | | | | | E | VP, Gene | eral C | Counsel | | |
| 1713 JAGGIE FOX WAY | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | | | | | |
| (Street) LEXINGTON KY | | | 40511 | | _ 4. | f Am | endment, I | Date (| of Original | Filed | (Month/Da | ay/Year) | | 6. Inc | | | | (Check Ap orting Perso | · | |
| LLZIIVC | | | | | | | | | | | | | | | Form fi Persor | | e thar | One Repo | rting | |
| (City) | y) (State) (Zip) | | | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (I | Transaction Disposed Code (Instr. 5) | | ties Acquired (A) d Of (D) (Instr. 3, 4 | | | 5. Amour Securitie Beneficia Owned F | s ally ollowing | Form (D) o | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount (A) or (D) | | or P | rice | Reported Transact (Instr. 3 a | Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | |
| 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) | | | | 6. Date Ex Expiration (Month/Da | Date | | 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | s S Illy | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | expiration Date | Title | or | ount nber res | | | | | | |
| Stock Options (right to buy) | \$11.65 | 06/15/2009 | | | A | | 80,000 | | (1) | C | 6/15/2019 | Commor Stock | 80, | 000 | \$0 | 80,000 | 0 | D | | |

Explanation of Responses:

1. These options vest in four equal installments beginning on June 15, 2010 and ending on June 15, 2013.

/s/ Lou H. Jones

06/15/2009

** Signature of Reporting Person

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.