Edgar Filing: Szyman Catherine M - Form 4

Szyman Cath	erine M											
Form 4												
August 05, 20	009											
FORM	14										PPROVAL	
	UNIII	ED STATE				ND EXC D.C. 205		NGE (COMMISSION	OMB Number:	3235-0287	
Check thi								Expires:	January 31,			
if no longer subject to STATEMENT OF CHA				NGES IN BENEFICIAL OW					NERSHIP OF	Estimated a	2005 average	
Section 16.				SECURITIES						burden hou	•	
	Form 4 or						response 0.5					
Form 5 obligatior	10	^							ge Act of 1934,			
may conti				•		•	- ·		f 1935 or Sectio	n		
<i>See</i> Instru 1(b).		30(h) of the Inv	vestme	nt (Company	y Act	of 19	40			
(Print or Type R	Responses)											
Szyman Catherine M S			Symbol	2. Issuer Name and Ticker or Trading Symbol MEDTRONIC INC [MDT]					5. Relationship of Reporting Person(s) to Issuer			
									(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of			insaction			D. (100		
710 MEDTE	RONIC PKW	V MS	(Month/D 08/03/20)				Director Officer (give		6 Owner er (specify	
LC310	concer i kw	1 1015	08/03/20	109					below)	below) trategy Innovat		
	(Street)		4. If Ame	ndment,	Dat	e Original			6. Individual or Jo	oint/Group Filin	ng(Check	
			Filed(Mon	ed(Month/Day/Year)					Applicable Line)			
MINNEAPO	DLIS, MN 55	432							_X_ Form filed by 0 Form filed by N Person			
(City)	(State)	(Zip)	Table	e I - Noi	n-De	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficia	lly Owned	
1.Title of	2. Transaction			3.		4. Securi			5. Amount of	6. Ownership		
Security						onAcquired (A) or			Securities	Form: Direct	Indirect	
(Instr. 3)		any (Month	CodeDisposed of (D)/Day/Year)(Instr. 8)(Instr. 3, 4 and 5)				Beneficially Owned	· /	Beneficial Ownership			
		(intoint	1, 2, uj, 1 eur)	(111511)	0)	(11541-0)	· uno	.,	Following	(Instr. 4)	(Instr. 4)	
							(A)		Reported			
							or		Transaction(s) (Instr. 3 and 4)			
				Code	V	Amount	(D)	Price	(insu: 5 and 4)			
Common Stock (2)	08/03/2009			A <u>(3)</u>		6,960	А	\$0	39,900.952	D		

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

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 control number.

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

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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. Transactic Code (Instr. 8)	5. Number of orDerivative 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 Underlying Securitie (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Employee Stock Option (right to buy)	\$ 35.92	08/03/2009		A	27,840	08/03/2010 <u>(1)</u>	08/03/2019	Common Stock	27,8

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Szyman Catherine M 710 MEDTRONIC PKWY MS LC310 MINNEAPOLIS, MN 55432			SrVP Strategy Innovation			

Signatures

James N. Spolar, Attorney-in-fact 08/05/2009

**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) These options become exercisable at the rate of 25% of the shares granted per year beginning on the first anniversary of grant.
- (2) This balance increased by 460.475 due to exempt transactions.

The restrictions on these units shall lapse 100% on the third anniversary of the grant date if the Company?s cumulative diluted earnings(3) per share growth during the 36 month period ending on the last day of the Company?s fiscal year 2012 equals or exceeds a 5% compound annual growth rate, as determined by the Compensation Committee.

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.