Edgar Filing: ISHRAK OMAR - Form 4

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Form 4												
e	ORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington D.C. 20549						COMMISSION	OMB APPROVAL OMB 3235-0287 Number:				
Check thi if no long subject to Section 1 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	6. F F Filed pu Section 17	STATEMENT OF CHANGES IN 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							Expires: Estimated a burden hou response	Expires:January 31, 2005Estimated average burden hours per response0.5		
(Print or Type R	Responses)											
ISHRAK OMAR Sy			Symbol	2. Issuer Name and Ticker or Trading Symbol MEDTRONIC INC [MDT]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 710 MEDTF LC300	(First)	(Middle) MS	3. Date of (Month/D 07/30/20	ay/Year		ansaction			Director Officer (give below)	10%	o Owner er (specify	
				endment, Date Original onth/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
MINNEAPO	DLIS, MN 55432	2							Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Noi	n-De	erivative S	ecurit	ties Aco	quired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year) Execution any	med on Date, if Day/Year)	Code (Instr.	8)	4. Securiti n(A) or Dis (D) (Instr. 3, 4 Amount	sposed	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock (2)	07/30/2012			A <u>(3)</u>		72,585	А	\$0	570,740.829	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 Amou Underlying Securi (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo Nurr Shar
Employee Stock Option (right to buy)	\$ 38.81	07/30/2012		A	290,338	07/30/2013 <u>(1)</u>	07/30/2022	Common Stock	290

Reporting Owners

Reporting Owner Name / Address	Relationships					
FB	Director	10% Owner	Officer	Other		
ISHRAK OMAR 710 MEDTRONIC PKWY MS LC300 MINNEAPOLIS, MN 55432			Chairman & CEO			

Signatures

Rhonda L. Ingalsbe, Attorney-in-fact

08/01/2012

**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 3037.302 shares due to exempt transactions such as dividend reinvestment.
- 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 2015 equals or exceeds a 3% 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.