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McCormick Car	ol										
Form 4	7										
October 31, 200										PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									TTHOVAL		
				hington, l					Number:	3235-0287	
Check this bo if no longer									Expires:	January 31, 2005	
subject to Section 16. Form 4 or		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								average irs per 0.5	
Form 5 obligations may continue. See Instruction 1(b). 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											
(Print or Type Respo	onses)										
				2. Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to			
McCormick Carol			ymbol			-		Issuer			
			MEDTRONIC INC [MDT]					(Check all applicable)			
(Last)	(First) (Mi		3. Date of Earliest Transaction					Director 10% Owner			
MEDTRONIC INC, 710 MEDTRONIC PKWY			(Month/Day/Year) 10/29/2007					Officer (give title Other (specify below) below) Sr VP Human Resources			
(Street) 4. It				4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
MINNEAPOLI	th/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting						
	5 , WIN 55452							Person			
(City)	(State) (Z	Zip)	Table	I - Non-De	erivative S	ecuri	ties Ac	quired, Disposed of	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date any (Month/Day/Year)		Date, if TransactionAcquired (A) or Code Disposed of (D) y/Year) (Instr. 8) (Instr. 3, 4 and 5) (A))	Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common 10 Stock	0/29/2007			A <u>(1)</u>	5,234	А	\$0	8,727.719	D		
Common Stock								1,101.383	I	by 401k	
Common Stock								4,483.228	I	by ESOP	

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

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number.

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. Transactio Code (Instr. 8)	5. Number of onDerivative 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 o Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Stock Options (Right to buy)	\$ 47.77	10/29/2007		А	23,028	10/29/2008 <u>(2)</u>	10/29/2017	Common Stock	23,028

er

Reporting Owners

Reporting Owner Name / Address			Relationships		
reporting of the reader that ess	Director	10% Owner	Officer	Other	
McCormick Carol MEDTRONIC INC 710 MEDTRONIC PKWY MINNEAPOLIS, MN 55432			Sr VP Human Resources		
Signatures					
James N. Spolar,	1	0/31/2007			

10/31/2007

Date

Attorney-in-fact

**Signature of Reporting Person

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). **

(2) These options become exercisable at the rate of 25% of the shares granted per year beginning on the first anniversary of grant.

The restrictions on these shares shall lapse 100% on the third anniversay of the grant date if the Company's cumulative earnings per share (1) growth during the 36 month period ending on the last day of the Company's fiscal year 2010 equals or exceeds a 9% 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.