### Edgar Filing: MEDTRONIC INC - Form 4

MEDTRONI	IC INC										
Form 4 July 31, 2013	3										
FORM	1								OMB AI	PPROVAL	
	UNIT	ED STA		RITIES A shington,			NGE (	COMMISSION	OMB Number:	3235-0287	
Check thi if no long subject to Section 1 Form 4 or	ger <b>STAT</b> 6.	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: January 31, 2005 Estimated average burden hours per response 0.5	
Form 5 obligation may cont <i>See</i> Instru 1(b).	<sup>ns</sup> inue. Section										
(Print or Type F	Responses)										
1. Name and Address of Reporting Person <u>*</u> Ellis Gary Lee			Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol MEDTRONIC INC [MDT]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle		Earliest Tra	-	. 1		(Chec	k all applicable	;)	
710 MEDTRONIC PKWY MS LC300			(Month/D	(Month/Day/Year) 07/29/2013				Director       10% Owner         Officer (give title       Other (specify below)         SrVP & Chief Financial Officer			
MININEAD	(Street)	432		ndment, Dat hth/Day/Year)	-			6. Individual or Jo Applicable Line) _X_ Form filed by 0 Form filed by M	One Reporting Pe	erson	
								Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securi	ties Aco	quired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	ear) Exe any	ecution Date, if	Code	on(A) or Dia (D) (Instr. 3, 4	sposed	l 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						. ,		4,964.512	Ι	401(k)	
Common Stock								7,425.559	Ι	ESOP	
Common Stock <sup>(2)</sup>	07/29/2013			A <u>(3)</u>	15,058	А	\$0	184,891.364	D		

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 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)	\$ 55.32	07/29/2013		А	1,808	07/29/2014 <u>(1)</u>	07/29/2023	Common Stock	1,80
Employee Stock Option (right to buy)	\$ 55.32	07/29/2013		A	60,250	07/29/2014 <u>(1)</u>	07/29/2023	Common Stock	60,2

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Ellis Gary Lee 710 MEDTRONIC PKWY MS LC300 MINNEAPOLIS, MN 55432			SrVP & Chief Financial Officer			

Date

## Signatures

Rhonda L. Ingalsbe,Attorney-in-fact07/31/2013

\*\*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).
- (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 494.253 shares due to exempt transactions such as dividend reinvestment.
- (3) The restrictions on such units shall lapse 100% on the third anniversary of the Grant Date if the Companys cumulative diluted earnings per share growth during the 36 month period ending on the last day of the Companys fiscal year 2016 equals or exceeds a 3% compound

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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.