Edgar Filing: Szyman Catherine M - Form 4

Szyman Catl	herine M										
Form 4											
May 27, 200	9										
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMMESION	OMB APPROVAL		
	UNITE	DSIAIES					INGE C	ONINISSION	OMB Number:	3235-0287	
Check th	vv as	Washington, D.C. 20549						January 31,			
if no long		EMENT O	F CHAN	CHANGES IN BENEFICIAL OWNERSHIP OF						Expires: 200	
subject to Section 1	5			SECURITIES					Estimated average burden hours per		
Form 4 o									response 0.5		
Form 5	Filed p	oursuant to	Section 1	6(a) of the	e Securit	ies E	Exchange	e Act of 1934,			
obligation may cont		7(a) of the	Public U	tility Hold	ling Con	npan	y Act of	1935 or Section	ı		
See Instru		30(h)	of the In	vestment	Compar	y Ac	t of 194	0			
1(b).											
(Print or Type I	Pasmonsos)										
(I fint of Type I	(cesponses)										
1. Name and A	Address of Reportin	ng Person *	2 Issue	r Name and	nd Ticker or Trading 5. Relationship o				f Reporting Person(s) to		
Szyman Catherine M Symbol				Traine and Tieker of Training				Issuer			
			-	RONIC IN	JC [MD'	Γ]				、 、	
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Cha				(Check	ck all applicable)			
			(Month/E				Director10% Owner Officer (give titleOther (specify below)below)				
710 MEDT	RONIC PKWY	MS MS	05/22/2	-							
LC310								· · · · · · · · · · · · · · · · · · ·	rategy Innovat	ion	
	(Street)		4 If Ame	endment Da	te Origina	1					
· · · · · · · · · · · · · · · · · · ·				endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
					, 			_X_ Form filed by C			
MINNEAP	OLIS, MN 554	32						Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)	77 I I			c	•.•		D (*))		
		-					_	uired, Disposed of		-	
1.Title of	2. Transaction D			3. Transactio	4. Securi			5. Amount of	6. Ownership Form: Direct		
Security (Instr. 3)	(Month/Day/Yea	ar) Executic any	on Date, if	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				Securities Beneficially	(D) or	(I) Beneficial (I) Ownership	
(Day/Year) (Instr. 8)				-)	Owned	Indirect (I)		
								Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common							\$				
Stock	05/22/2009			S	1,239	D	\$ 32.47	35,109.477	D		
Common Stock	05/22/2009			S	2,629	D	\$ 32	32,480.477	D (1)		

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

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 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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Unde Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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

**Signature of Reporting Person

05/27/2009

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) This balance increased by 494.493 shares due to exempt transactions such as dividend reinvestment, dividend equivalent credits, and ESPP.

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.