MEDTRONIC INC Form 3/A May 23, 2006 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB ODDE ONE

INITIAL STATEMENT OF 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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person $\stackrel{*}{=}$ Â Wehrly Peter L		3. Issuer Name and Ticker or Trading Symbol MEDTRONIC INC [MDT]			
(Middle)	08/01/2005	4. Relationship of Reporting Person(s) to Issuer		orting	5. If Amendment, Date Original Filed(Month/Day/Year)
FRONIC, INC., 710 FRONIC PARKWAY, M.S.)		(Check all applicable)			08/10/2005
IÂ 55432-5604		X Office (give title bel VP &	Owner orC ow) (specify Pres, Spina	Other below)	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person
(Zip)	Table I - No	on-Derivat	ive Secu	rities Bo	eneficially Owned
		ned O F D or (I	wnership orm: irect (D) Indirect	4. Natu Owners (Instr. 5	*
	6,982.251 <u>(1)</u>		D	Â	
ns who respond ation contained ed to respond u	I to the collection of I in this form are not nless the form displays		1473 (7-02	2)	
	(Middle) 710 VAY, M.S. IÂ 55432-5604 (Zip) ate line for each clans who responded to respond u	Requiring Statement (Middle) 08/01/2005 710 VAY, M.S. (Å 55432-5604 (Zip) Table I - No 2. Amount of Sec Beneficially Own (Instr. 4) 6,982.251 (1) ate line for each class of securities beneficially ms who respond to the collection of pation contained in this form are not	Requiring Statement (Month/Day/Year) MEDTRO 4. Relations Person(s) to 710 08/01/2005 4. Relations Person(s) to 710 (Check	Requiring Statement (Middle) MEDTRONIC INC (Middle) (Middle) 08/01/2005 710 (AYAY, M.S. 4. Relationship of Repo Person(s) to Issuer 710 (AYAY, M.S. (Check all applica) (IÂ 55432-5604 — Director1 Owner (Zip) Table I - Non-Derivative Secund (Zip) 2. Amount of Securities Beneficially Owned (Instr. 4) 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) 6,982.251 (1) D ate line for each class of securities beneficially SEC 1473 (7-02) ns who respond to the collection of tation contained in this form are not ed to respond unless the form displays a Securities and the securities beneficially	Requiring Statement (Month/Day/Year) 08/01/2005 MEDTRONIC INC [MDT MEDTRONIC INC [MDT 4. Relationship of Reporting Person(s) to Issuer 710 VAY, M.S. (Check all applicable) IÂ 55432-5604

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
		Title	Derivative	Security:	

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

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Date Exerciseble	Expiration	Amount or	Security	Direct (D)
Exercisable	Date	Number of Shares		or Indirect
				(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships					
		10% Owner	Officer	Other		
Wehrly Peter L MEDTRONIC, INC. 710 MEDTRONIC PARKWAY, M.S. LC310 MINNEAPOLIS, MN 55432-5604	Â	Â	VP & Pres, Spinal & Navigation	Â		
Signatures						
Keyna P. Skeffington, 05/2 Attorney-in-fact	3/2006					
**Signature of Reporting Person	Date					
Explanation of Responses	;:					

* If the form is filed by more than one reporting person, *see* Instruction 5(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) Initial holdings were underreported by 648 shares. Total direct common stock should have been 6982.251 shares.

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.