BLACKFORD GARY

Form 4 July 26, 2018

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

OMB APPROVAL

3235-0287

Expires:

5 Relationship of Reporting Person(s) to

January 31, 2005

0.5

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subject to Section 16. Form 4 or Form 5 obligations

may continue.

Check this box

if no longer

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 See Instruction

1(b).

(Print or Type Responses)

1 Name and Address of Reporting Person *

BLACKFORD GARY			2. Issuer Name and Ticker or Trading Symbol Wright Medical Group N.V. [WMGI]				ng	S. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	(Last)	, ,	(Middle)	(Month/D	•	ransaction			_X_ Director Officer (give below)		Owner er (specify
(Street) 4.			07/24/2018 4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
	(City)	(State)	(Zip)	Tabl	e I - Non-D) Derivative	Secur	rities Acq	uired, Disposed o	f, or Beneficial	ly Owned
	1.Title of Security (Instr. 3)	rity (Month/Day/Year) Executio r. 3) any					d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	rurities Form: Direct Indirect ineficially (D) or Beneficially (D) or Beneficially (Indirect (I) Owner lowing (Instr. 4) (Instr. 4) (Instr. 4) (Instr. 4)		
	Ordinary Shares, par value EUR 0.03 per share	07/24/2018			Code V	3,804 (1)	(D)	Price	(Instr. 3 and 4) 69,077 (2)	D	
	Ordinary Shares, par value EUR 0.03 per share	07/25/2018			F	626	D	\$ 24.83	68,451 (<u>3)</u>	D	

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

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SEC 1474 (9-02)

> 8. F Der Sec (Ins

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. Number proof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 24.49	07/24/2018		A	9,907	<u>(4)</u>	07/24/2028	Ordinary Shares	9,907

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
BLACKFORD GARY 1023 CHERRY ROAD MEMPHIS, TN 38117	X						

Signatures

/s/ Marija Nelson, attorney-in-fact 07/26/2018

**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 ordinary shares will be issued over time upon vesting pursuant to a restricted stock unit granted under the Wright Medical Group N.V. 2017 Equity and Incentive Plan.
- (2) Includes 7,390 ordinary shares that will be issued over time upon vesting pursuant to restricted stock units granted under the Wright Medical Group N.V. 2017 Equity and Incentive Plan.
- (3) Includes 3,804 ordinary shares that will be issued over time upon vesting pursuant to a restricted stock unit granted under the Wright Medical Group N.V. 2017 Equity and Incentive Plan.

Reporting Owners 2

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(4) This option vests in two annual installments, on the one-year and two-year anniversaries of July 24, 2018.

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.