

MEDTRONIC INC
Form 3
July 22, 2013

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

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 *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â AYOTTE NEIL P		(Month/Day/Year)	MEDTRONIC INC [MDT]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
			(Check all applicable)	
710 MEDTRONIC PKWY MS			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
LC300			<input type="checkbox"/> Officer	<input type="checkbox"/> Other
(Street)			(give title below)	(specify below)
MINNEAPOLIS,Â MNÂ 55432			VP Interim Gen Counsel CorpSec	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)		<input checked="" type="checkbox"/> Form filed by One Reporting Person
				<input type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	862.977	I	ESOP
Common Stock	10,201.532	D	Â

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

SEC 1473 (7-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
---	---	--	------------------------------------	---------------------------------	--

Edgar Filing: MEDTRONIC INC - Form 3

	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)	
Employee Stock Option (right to buy)	10/21/2004	10/21/2014	Common Stock	3,500	\$ 50	D	Â
Employee Stock Option (right to buy)	10/19/2006 ⁽¹⁾	10/19/2015	Common Stock	11,985	\$ 56.74	D	Â
Employee Stock Option (right to buy)	10/30/2007 ⁽¹⁾	10/30/2016	Common Stock	5,509	\$ 48.7	D	Â
Employee Stock Option (right to buy)	10/29/2008 ⁽¹⁾	10/29/2017	Common Stock	6,897	\$ 47.77	D	Â
Employee Stock Option (right to buy)	08/03/2010 ⁽¹⁾	08/03/2019	Common Stock	1,740	\$ 35.92	D	Â
Employee Stock Option (right to buy)	08/02/2011 ⁽¹⁾	08/02/2020	Common Stock	2,998	\$ 37.53	D	Â
Employee Stock Option (right to buy)	08/01/2012 ⁽¹⁾	08/01/2021	Common Stock	3,280	\$ 34.88	D	Â
Employee Stock Option (right to buy)	07/30/2013 ⁽¹⁾	07/30/2022	Common Stock	6,926	\$ 38.81	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
AYOTTE NEIL P 710 MEDTRONIC PKWY MS LC300 MINNEAPOLIS, MN 55432	Â	Â	Â VP Interim Gen Counsel CorpSec	Â

Signatures

Sarah M. Maveus,
Attorney-in-fact

07/22/2013

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

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.