## Edgar Filing: Hall Curtis E - Form 4

Hall Curtis E												
Form 4	00											
February 12, 200										OMB A	PPROV	۹L
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISS Washington, D.C. 20549								COMMISSI	ON	OMB Number:	3235-0287	
Check this bo if no longer subject to Section 16. Form 4 or	STATEN	ATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Expires: 20 Estimated average burden hours per response		
Form 5 obligations may continue.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 19401(b).												
(Print or Type Resp	onses)											
1. Name and Address of Reporting Person <u>*</u> Hall Curtis E			2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer					
(Last)	(First) (	Middle)	e) STRYKER CORP [SYK] 3. Date of Earliest Transaction					(C	(Check all applicable)			
2825 AIRVIEW BLVD.			(Month/Day/Year) 02/10/2009				Director 10% Owner X_ Officer (give title Other (specify below) below) V.P. & General Counsel					
I				4. If Amendment, Date Original Filed(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
KALAMAZOC	), MI 49002							Person	by wit	ne than one R	eporting	
(City)	(State)	(Zip)	Tab	le I - Non-J	Derivat	tive S	ecurities A	cquired, Dispose	d of,	or Beneficia	lly Owne	d
	ransaction Date nth/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8)	Dispo	ired (A osed of . 3, 4 a (	A) or f (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Fo (D (I)	Ownership rm: Direct ) or Indirect astr. 4)	7. Natur Indirect Benefici Ownersh (Instr. 4)	al nip
				Code V	Amou	unt (	D) Price	(Instr. 3 and 4)				
Reminder: Report of	on a separate line	e for each cla	ass of sec	urities bene	-		-	-				
					inf rec	iorma quire	ition cont d to resp	spond to the col ained in this for ond unless the f ntly valid OMB o	rm a form	re not	SEC 1474 (9-02)	

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

number.

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired ( <i>A</i> or Disposed (D) (Instr. 3, 4, and 5)	d of				
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Common Stock	\$ 42	02/10/2009		А	60,000		<u>(1)</u>	02/09/2019	Common Stock	60,000
Common Stock	<u>(2)</u>	02/10/2009		А	6,000		<u>(3)</u>	02/09/2019	Common Stock	6,000

## **Reporting Owners**

Reporting Owner Name / Addr	ess	Relationships							
	Director	10% Owner	Officer	Other					
Hall Curtis E 2825 AIRVIEW BLVD. KALAMAZOO, MI 49002			V.P. & General Counsel						
Signatures									
Curtis E. Hall	02/12/2009								

<u>\*\*</u>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) Employee stock option granted pursuant to the Stryker Corporation 2006 Long-Term Incentive Plan, exercisable as to 20% on each of the first five anniversaries of the date of grant.
- (2) Each restricted stock unit represents a contingent right to receive one share of Stryker common stock.

The restricted stock units vest as to 16.67% of the shares on February 10, 2010, 33.33% of the shares on February 10, 2011 and the

(3) remaining 50% of the shares on February 10, 2012. Vesting will be accelerated in the event of termination of employment by reason of disability or death but will otherwise cease upon termination of employment or a significant decrease in the reporting person's role and/or responsibilities with Stryker.

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.