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	tha Goldberg										
Form 4 August 05, 20	000										
									OMB A	PPROVAL	
	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMB Number:	3235-0287			
Check this if no long subject to Section 10 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	 CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES ection 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Section of the Investment Company Act of 1940 						January 31 Expires: 2005 Estimated average burden hours per response 0.5				
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> Aronson Martha Goldberg			2. Issuer Name and Ticker or Trading Symbol MEDTRONIC INC [MDT]				ıg	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (N		3. Date of Earliest Transaction					(Check all applicable)			
710 MEDTRONIC PKWY MS LC310			(Month/Day/Year) 08/03/2009					Director 10% Owner Officer (give title Other (specify below) below) below) SrVP Chief Talent Officer			
MINNEAPC	(Street) DLIS, MN 55432			ndment, Dat th/Day/Year)	e Original			6. Individual or Jo Applicable Line) _X_ Form filed by M Form filed by M Person	One Reporting Po	erson	
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	of 2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, i		n Date, if	3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock				Code V	Amount	(D)	The	8,277.178	I	401(k)	
Common Stock								2,896.871	I	ESOP	
Common Stock (2)	08/03/2009			A <u>(3)</u>	6,960	А	\$0	73,460.942	D		

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

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number.

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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Employee Stock Option (right to buy)	\$ 35.92	08/03/2009		A	27,840	08/03/2010 <u>(1)</u>	08/03/2019	Common Stock	27,8

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Aronson Martha Goldberg 710 MEDTRONIC PKWY MS LC310 MINNEAPOLIS, MN 55432			SrVP Chief Talent Officer				

Signatures

James N. Spolar, Attorney-in-fact 08/05/2009

**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 options become exercisable at the rate of 25% of the shares granted per year beginning on the first anniversary of grant.
- (2) This balance has increased by 1327.094 due to exempt transactions.

The restrictions on these units shall lapse 100% on the third anniversary of the grant date if the Company?s cumulative diluted earnings(3) per share growth during the 36 month period ending on the last day of the Company?s fiscal year 2012 equals or exceeds a 5% compound

annual growth rate, as determined by the Compensation Committee.

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.