OConnell Christopher J Form 4 August 04, 2011

FORM 4

OMB APPROVAL

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

OMB Number: 3235-0287

Check this box if no longer subject to Section 16.

Expires: January 31, 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

Form 4 or Form 5 obligations may continue. See Instruction

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

1(b).

(City)

(State)

(Zin)

(Print or Type Responses)

1. Name and Adda OConnell Chri	-	ng Person *	2. Issuer Name and Ticker or Trading Symbol MEDTRONIC INC [MDT]	5. Relationship of Reporting Person(s) to Issuer		
(Last)	(First) (Middle) 3. Date of Earliest Transaction			(Check all applicable)		
710 MEDTRONIC PKWY MS LC300		MS	(Month/Day/Year) 08/01/2011	Director 10% Owner Officer (give title Other (specification) EVP & GroupPres Restora Therap		
	(Street)		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		
MINNEAPOLIS, MN 55432				Form filed by More than One Reporting Person		

(City)	(State)	Tabl	e I - Non-D	Perivative S	Securi	ities Acqu	iired, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securiti r(A) or Dis (Instr. 3, 4	sposed and 5 (A) or	of (D)	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)	Price	2,460.989	I	ESOP
Common Stock (1)	08/01/2011		A(2)	21,044	A	\$0	103,218.161	D	
Common Stock	08/04/2011		S(4)	4,000	D	\$ 33.98	99,218.161	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 or Derivative 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 Securition (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Employee Stock Option (right to buy)	\$ 34.88	08/01/2011		A	84,060	08/01/2012(3)	08/01/2021	Common Stock	84,0

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
OConnell Christopher J			EVP &				
710 MEDTRONIC PKWY MS LC300			GroupPres				
MINNEAPOLIS, MN 55432			Restora Therap				

Signatures

Rhonda L. Ingalsbe, Attorney-in-fact

08/04/2011 Date

**Signature of Reporting Person

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) This balance increased by 273.859 shares due to exempt transactions such as dividend reinvestment.
- These Restricted Stock Units lapse 100% on the third anniversary of the grant date if the company's cumulative diluted earnings per share (2) growth during the 36 month period ending on the last day of the company's fiscal year 2014 equals or exceeds a 3% compound annual growth rate, as determined by the compensation committee.
- (3) These options become exercisable at the rate of 25% of the shares granted per year beginning on the first anniversary of grant.
- (4) These shares were sold under a 10b5-1 plan.

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.

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