## Edgar Filing: OConnell Christopher J - Form 4

OConnell Cl	hristopher J										
Form 4	012										
August 01, 2										PPROVAL	
FORM	<b>ORM 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287		
Check th if no long subject to Section 1 Form 4 c	o <b>STATEN</b> 16.	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Expires: January 31 2005 Estimated average burden hours per response 0.5			
Form 5 obligations may continue. See Instruction 1(b). 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)										
OConnell Christopher J Symbo			Symbol	suer Name <b>and</b> Ticker or Trading bl VTRONIC INC [MDT]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (M	Aiddle)	3. Date of Earliest Transaction (Cneck				k an applicable)				
710 MEDTRONIC PKWY MS 07/30/2 LC300 (Street) 4. If Am			(Month/Day/Year) 07/30/2012					Director       10% Owner         Officer (give title       Other (specify below)         EVP & GroupPres Restora Therap			
				nendment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
MINNEAP	OLIS, MN 55432							_X_ Form filed by C Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	ecuri	ties Acc	quired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price				6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
Common Stock								2,524.787	I	ESOP	
Common Stock <sup>(2)</sup>	07/30/2012			A <u>(3)</u>	18,913	А	\$0	118,112.945	D		

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

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.

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 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 Exercisab 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)	\$ 38.81	07/30/2012		A	75,548	07/30/2013 <u>(1)</u>	07/30/2022	Common Stock	75,5	

## **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 08/01/2012

\*\*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 increased by 2500.359 shares due to exempt transactions such as dividend reinvestment.

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 2015 equals or exceeds a 3% 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.