MEDTRONIC INC

Form 4

October 31, 2007

### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB Number:

3235-0287

Expires:

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if no longer subject to Section 16. Form 4 or Form 5

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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).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * HAWKINS WILLIAM A |                                |                                 | 2. Issuer Name <b>and</b> Ticker or Trading Symbol MEDTRONIC INC [MDT] | 5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)                             |  |  |
|---|--------------------------------|---------------------------------|--|--|--|--|
| (Last)  | Last) (First) (Middle) 3. Date | 3. Date of Earliest Transaction | (Chook an apphonene)   |  |  |  |
| MEDTRONIC, INC., 710<br>MEDTRONIC PARKWAY, M.S.<br>LC310    |                                |                                 | (Month/Day/Year)<br>10/29/2007   | _X Director 10% Owner X Officer (give title Other (specify below) President & Chief Exec Officer     |  |  |
| (Street)  |                                |                                 | 4. If Amendment, Date Original   | 6. Individual or Joint/Group Filing(Check  |  |  |
| MINNEAPOLIS, MN 55432-5604                                  |                                |                                 | Filed(Month/Day/Year)  | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person |  |  |

| (City)                               | (State)                                 | (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |        |        |                  |       |  |  |                            |  |
|--------------------------------------|---|--|--------|--------|------------------|-------|--|--|----------------------------|--|
| 1.Title of<br>Security<br>(Instr. 3) | 2. Transaction Date<br>(Month/Day/Year) | Transaction Date 2A. Deemed Execution Date, if any (Month/Day/Year)                    |        |        | ies Ac<br>sposed |       | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | D) or Beneficial ownership |  |
|                                      |   |  | Code V | Amount | (A)<br>or<br>(D) | Price | Reported<br>Transaction(s)<br>(Instr. 3 and 4)                   |  |                            |  |
| Common<br>Stock                      | 10/29/2007                              |  | A(1)   | 52,335 | A                | \$0   | 205,930.373<br>(2)   | D  |                            |  |
| Common<br>Stock                      |   |  |        |        |                  |       | 616.728  | I  | by 401(k)                  |  |
| Common<br>Stock                      |   |  |        |        |                  |       | 1,028.879  | I  | by ESOP                    |  |
| Common<br>Stock                      |   |  |        |        |                  |       | 400  | I  | By IRA account             |  |

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

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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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transaction<br>Code<br>(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<br>Underlying Securitie<br>(Instr. 3 and 4) |                        |
|---|---|--------------------------------------|---|---|--|--|--------------------|---|------------------------|
|   |   |                                      |   | Code V                                  | (A) (D)  | Date Exercisable   | Expiration<br>Date | Title   | Amou<br>Numb<br>Shares |
| Stock Options (Right to buy)                        | \$ 47.77  | 10/29/2007                           |   | A                                       | 188,403  | 10/29/2008(3)  | 10/29/2017         | Common<br>Stock   | 188,4                  |

#### **Reporting Owners**

| Reporting Owner Name / Address   | Keiauonsnips |           |                                      |       |  |  |
|--|--------------|-----------|--------------------------------------|-------|--|--|
|  | Director     | 10% Owner | Officer                              | Other |  |  |
| HAWKINS WILLIAM A MEDTRONIC, INC. 710 MEDTRONIC PARKWAY, M.S. LC310 MINNEAPOLIS, MN 55432-5604 | X            |           | President &<br>Chief Exec<br>Officer |       |  |  |

# **Signatures**

James N. Spolar, Attorney-in-fact

\*\*Signature of Reporting Person D

## **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).
- (3) These options become exercisable at the rate of 25% of the shares granted per year beginning on the first anniversary of grant.
- The restrictions on these shares shall lapse 100% on the third anniversay of the grant date if the Company's cumulative earnings per share (1) growth during the 36 month period ending on the last day of the Company's fiscal year 2010 equals or exceeds a 9% compound annual growth rate, as determined by the Compensation Committee.
- (2) This balance increased by 131.543 due to exempt transactions including dividend reinvestment and dividend equivalent credits.

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.

Reporting Owners 2