Edgar Filing: Rosen Burt Edwin - Form 4

| Rosen Burt Edwi Form 4 | n | | | | | | | | | | | |
|---|--|---|---|---|-----------|---|--|--|--------------------|---|---|-----------------------|
| September 16, 20 | 008 | | | | | | | | | | | |
| FORM 4 | UNITED | ст а тес | SECU | DITIES | | ND EV | | E COMMISSIO | NT | | PPROVA | ۹L |
| | UNITED | SIAIES | | shingto | | | | | `` | OMB Number: | | -0287 |
| Check this box if no longer subject to Section 16. Form 4 or | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP SECURITIES | | | | | | | | | Expires: Estimated a purden hou response | irs per | ry 31, 2005 0.5 |
| Form 5 obligations may continue. <i>See</i> Instruction 1(b). | Section 17(| a) of the H | Public U | Itility Ho | oldi | ing Cor | | nange Act of 1934, ct of 1935 or Secti 7 1940 | | | | |
| (Print or Type Respo | nses) | | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Rosen Burt Edwin | | | 2. Issuer Name and Ticker or Trading Symbol MENTOR CORP /MN/ [MNT] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | | |
| (Last) | (First) (Middle) 3. Date of Earliest Transaction | | | | | (Check all applicable) | | | | | | |
| 201 MENTOR DRIVE | | | (Month/Day/Year) 09/15/2008 | | | | Director 10% Owner Officer (give title Other (specify below) | | | | | |
| | | | | If Amendment, Date Original iled(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| SANTA BARBA | ARA, CA 93 | 111 | | | | | | Person | / More | e than One R | eporting | |
| (City) | (State) | (Zip) | Tab | ole I - Non | 1-De | erivative | Securities | Acquired, Disposed | of, o | r Beneficia | lly Owne | d |
| | ansaction Date hth/Day/Year) | 2A. Deemee Execution I any (Month/Da | Date, if | 3. Transact Code (Instr. 8) | ion/ I | 4. Securit Acquired Disposed Instr. 3, 4 | (A) or of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | Forr (D) (I) | wnership n: Direct or Indirect tr. 4) | 7. Nature Indirect Beneficia Ownersh (Instr. 4) | al 1ip |
| | | | | Code V | V | Amount | (D) Pric | ce | | | | |
| Reminder: Report or | n a separate line | e for each cla | ass of sec | urities ber | nefic | cially ow | ned directl | y or indirectly. | | | | |
| | | | | | | inforn requi | nation co red to res ays a curr | espond to the colle ntained in this form pond unless the fo rently valid OMB co | n are orm | e 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 | 8 |
|-------------|-------------|---------------------|--------------------|-------------|--------------|-------------------------|------------------------|----|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transaction | orDerivative | Expiration Date | Underlying Securities | Γ |
| Security | or Exercise | | any | Code | Securities | (Month/Day/Year) | (Instr. 3 and 4) | S |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Acquired (A) | | | (] |

| | Derivative Security | | | or Disposed of (D) (Instr. 3, 4, and 5) | | | | | | |
|-----------------------------|------------------------|------------|------|--|--------|-----|---------------------|--------------------|-----------------|-------------------------------------|
| | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Options, Right to Buy | \$ 23.85 | 09/15/2008 | А | | 10,000 | | <u>(1)</u> | 09/15/2018 | Common Stock | 10,000 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|------------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| Rosen Burt Edwin 201 MENTOR DRIVE SANTA BARBARA, CA 93111 | | | | | | | | |
| Signatures | | | | | | | | |
| /S/Joseph Newcomb, attorney-in-fact. | | 09/16/2008 | | | | | | |
| **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) The option vests in two equal annual installments beginning on 09/15/2009.

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.