MEDTRONIC INC

Form 4

August 27, 2014

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL

OMB 3235-0287 Number:

January 31, Expires: 2005

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response...

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

Check this box

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

(Print or Type Responses)

1(b).

(Last)

(City)

1. Name and Address of Reporting Person * **OLEARY DENISE M**

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

MEDTRONIC INC [MDT]

(Check all applicable)

618 MOUNTAIN HOME RD

(First)

(Middle)

(Zip)

3. Date of Earliest Transaction (Month/Day/Year)

08/25/2014

Director 10% Owner Other (specify Officer (give title below)

(Street)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check Applicable Line)

Filed(Month/Day/Year)

WOODSIDE, CA 94062

(State)

X Form filed by One Reporting Person Form filed by More than One Reporting Person

D

| (3) | (******) | I abi | e 1 - Non-D | erivative Securities Acq | uirea, Disposea o | i, or Beneficial | ly Owned |
|------------|---------------------|--------------------|-------------|--------------------------|-------------------|------------------|--------------|
| 1.Title of | 2. Transaction Date | 2A. Deemed | 3. | 4. Securities Acquired | 5. Amount of | 6. Ownership | 7. Nature of |
| Security | (Month/Day/Year) | Execution Date, if | Transactio | on(A) or Disposed of (D) | Securities | Form: Direct | Indirect |
| (Instr. 3) | | any | Code | (Instr. 3, 4 and 5) | Beneficially | (D) or | Beneficial |
| | | (Month/Day/Year) | (Instr. 8) | | Owned | Indirect (I) | Ownership |
| | | | | | Following | (Instr. 4) | (Instr. 4) |
| | | | | (4) | Reported | | |
| | | | | (A) | Transaction(s) | | |
| | | | | ٥r | | | |

(Instr. 3 and 4) Code V Amount (D) Price Common 40,360.073 D Stock

Common 08/25/2014 M 4,825 39,159.073 D Stock

Common 08/25/2014 40,360.073 M Stock (1)

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

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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. Transactic Code (Instr. 8) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|--------------------------------------|---|--|-----|-------|--|--------------------|---|--|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Stock Option (right to buy) | \$ 49.75 | 08/25/2014 | | M | | 4,825 | 08/31/2004 | 08/31/2014 | Common Stock | 4,825 |
| Stock Option (right to buy) | \$ 49.99 | 08/25/2014 | | M | | 1,201 | 09/01/2004 | 09/01/2014 | Common Stock | 1,201 |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

OLEARY DENISE M 618 MOUNTAIN HOME RD WOODSIDE, CA 94062

Signatures

Rhonda L. Ingalsbe, Attorney-in-fact

08/27/2014

**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) This balance increased by 136.674 shares due to exempt transactions such as dividend reinvestment.

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