MEDTRONIC INC

Form 4 May 03, 2005

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**OMB APPROVAL** OMB 3235-0287

Number:

Expires:

January 31, 2005

0.5

Estimated average burden hours per

response...

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

**SECURITIES** 

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 Add HAWKINS W	*	_	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)	(First)	(Middle)	3. Date of Earliest Transaction				
MEDTRONIC, INC., 710 MEDTRONIC PARKWAY, M.S. LC310			(Month/Day/Year) 04/29/2005	Director 10% Owner X Officer (give title Other (specify below) President & Chief Operatg Ofr			
(Street)			4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check			
MINNEAPOL	IS, MN 55	432-5604	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								
S	Title of ecurity nstr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		
	common tock	04/29/2005		A	392.183	A	\$0	87,022.058 (1)	D	
	common tock							270.245	I	by 401(k)
	common tock							730.546	I	by ESOP
	Common tock							400	I	By IRA account

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

#### Edgar Filing: MEDTRONIC INC - Form 4

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.

SEC 1474 (9-02)

 $\mathbf{D}$ 

# 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. Transaction Code (Instr. 8)	5. Number on 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 of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Options (Right to buy)	\$ 52.7	04/29/2005		A	7,591	04/29/2005	04/29/2015	Common Stock	7,591
Stock Options (Right to buy)	\$ 52.7	04/29/2005		A	5,500	04/29/2005	04/29/2015	Common Stock	5,500

## **Reporting Owners**

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

HAWKINS WILLIAM A
MEDTRONIC, INC.
710 MEDTRONIC PARKWAY, M.S. LC310
MINNEAPOLIS, MN 55432-5604

President & Chief Operatg Ofr

### **Signatures**

Neil P. Ayotte,

Attorney-in-fact 05/03/2005

\*\*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)** 

Reporting Owners 2

#### Edgar Filing: MEDTRONIC INC - Form 4

Includes 548 shares acquired under the 1995 Employees Stock Purchase Plan on November 1, 2004 and 62,110.386 deferred stock units payable on or after retirement or termination.

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.