Stockdale Caroline Form 4 August 04, 2010

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

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January 31, Expires: 2005

OMB APPROVAL

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

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).

(City)

(State)

(Zip)

1. Name and Address of Reporting Person * Stockdale Caroline			2. Issuer Name and Ticker or Trading Symbol MEDTRONIC INCLINIC IMPT	5. Relationship of Reporting Person(s) to Issuer		
			MEDTRONIC INC [MDT]	(Check all applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction			
			(Month/Day/Year)	Director 10% Owner		
710 MEDTRONIC PKWY MS			08/02/2010	Officer (give title Other (specification) below)		
LC300				Sr VP Human Resources		
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person		
MINNEAPOLIS, MN 55432				Form filed by More than One Reporting Person		

		Tuble 1 Tron Berryadive Securities required, Bisposed of, or Beneficially Symbol							
1.Title of	2. Transaction Date	insaction Date 2A. Deemed		4. Securities		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	Execution Date, if	Transactio	onAcquired (A) or		Securities	Form: Direct	Indirect	
(Instr. 3)	•	any	Code	Disposed of (D))	Beneficially	(D) or	Beneficial	
	(Month/Day/Year)		Day/Year) (Instr. 8) (Instr. 3, 4 a		5)	Owned	Indirect (I)	Ownership	
						Following	(Instr. 4)	(Instr. 4)	
				()		Reported			
				(A)		Transaction(s)			
			G 1 17	or	ъ.	(Instr. 3 and 4)			
			Code V	Amount (D)	Price				
Common Stock (1)	08/02/2010		A(2)	8,900 A	\$0	20,299.961	D		

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

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Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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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 of orDerivative 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 Underlying Securitic (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Employee Stock Option (right to buy)	\$ 37.53	08/02/2010		A	35,492	08/02/2011(3)	08/02/2020	Common Stock	35,4

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

Stockdale Caroline

710 MEDTRONIC PKWY MS LC300 MINNEAPOLIS, MN 55432 Sr VP Human Resources

Signatures

Rhonda L. Ingalsbe,

Attorney-in-fact 08/04/2010

**Signature of Reporting Person

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 68.961 due to exempt transactions such as dividend reinvestment and dividend equivalent credits.
- The restrictions on these restricted stock units shall lapse on the third anniversary of the grant date if the company's cumulative diluted (2) earnings per share growth during the 36 month period ending on the last day of the Company's fiscal year 2013 equals or exceeds a 5% compound annual growth rate, as determined by the Compensation Committee.
- (3) These options become exercisable at the rate of 25% of the shares granted per year beginning on the first anniversary of grant.

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.

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