MEDTRONIC INC Form 4

September 02, 2005

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

OMB 3235-0287

Check this box if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Number: January 31, Expires: 2005

OMB APPROVAL

subject to Section 16. Form 4 or Form 5

obligations

may continue.

Estimated average burden hours per response... 0.5

5. Relationship of Reporting Person(s) to

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 See Instruction

2. Issuer Name and Ticker or Trading

1(b).

Common

Stock

(Print or Type Responses)

1. Name and Address of Reporting Person *

08/31/2005

OLEARY DENISE M			Symbol	NONHO II	IC D (DT)		Issuer (Check all applicable)				
					NC [MDT]						
(Last)	(First) (1	Middle)	3. Date of	Earliest Ti	ransaction						
			(Month/D	ay/Year)			_X_ Director	10%	Owner		
124 WARREN RD (Street)			08/31/2	005			Officer (give to below)	title Othe below)	r (specify		
			4. If Ame	ndment, Da	te Original		6. Individual or Joint/Group Filing(Check				
CANIMAT	EO, CA 94401		Filed(Moi	nth/Day/Year	·)		Applicable Line) _X_ Form filed by C Form filed by M	One Reporting Per Iore than One Re			
SAN MAI	EO, CA 94401						Person				
(City)	(State)	(Zip)	Tabl	e I - Non-I	Perivative Se	ecurities Acqu	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Date	e 2A. Deem	ed	3.	4. Securitie	s Acquired	5. Amount of	6.	7. Nature of		
Security	(Month/Day/Year)	Execution	Date, if	Transactio	on(A) or Disp	osed of (D)	Securities	Ownership	Indirect		
(Instr. 3)		any		Code	(Instr. 3, 4	and 5)	Beneficially	Form: Direct	Beneficial		
		(Month/Da	ay/Year)	(Instr. 8)			Owned	(D) or	Ownership		
							Following	Indirect (I)	(Instr. 4)		
						(4)	Reported	(Instr. 4)			
						(A)	Transaction(s)				
				Code V	Amount	or (D) Price	(Instr. 3 and 4)				

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

A

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

4,909.007 (2) D

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

1,109.02

\$0

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	•	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact: 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	7 ((A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stoc Opti (Rig buy)	ions tht to	\$ 57	08/31/2005		A	4,	211		08/31/2005	08/31/2015	Common Stock	4,211	
Stoc Opti (Rig buy)	ions tht to	\$ 56.99	09/01/2005		A	1,	229		09/01/2005	09/01/2015	Common Stock	1,229	

Reporting Owners

Reporting Owner Name / Address	Relationships						
r g	Director	10% Owner	Officer Other				
OLEARY DENISE M 124 WARREN RD	X						
SAN MATEO, CA 94401							

Signatures

Neil P. Ayotte, Attorney-in-fact

Attorney-in-fact 09/02/2005

**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).
- (2) This balance includes 4909.007 total deferred stock units payable on or after retirement or resignation.
- (1) Deferred units credited under the Medtronic, Inc. Outside Director's Compensation Plan to be paid in Medtronic common stock upon the director's resignation or retirement.

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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