Edgar Filing: MEDTRONIC INC - Form 4

MEDTRONI	C INC											
Form 4												
April 30, 201	4											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							-	OMB APPROVAL				
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287				
Check this box										January 31,		
	if no longer white the STATEMENT OF CHANG				RENEFI	CIAI		NERSHIP OF	Expires:	2005		
subject to			SECUR		CIII			Estimated	•			
Section 16 Form 4 or		SEC						burden hours per response 0.5				
Form 5		nursuant to	Section 10	5(a) of the	Securiti	es Fr	chan	ge Act of 1934,	response	0.5		
obligation	IS Section	^						of 1935 or Section	m			
may conti	nue.) of the In						/11			
See Instru	ction	J0(II) of the m	vestillent	Compan	y Act	01 19	40				
1(b).												
(Print or Type R	(esponses)											
,	ľ											
1. Name and A	ddress of Report	ing Person *	2 Issuer	Name and	Ticker or 7	Fradin	σ	5. Relationship o	f Reporting Per	son(s) to		
REDDY PREETHA Symbol				Name and Ticker or Trading				Issuer	1 0			
Symbol				FRONIC INC [MDT]								
					-	J		(Check all applicable)				
				f Earliest Transaction								
			(Month/D	-				Director 10% Owner Officer (give title Other (specify				
	· · · · · · · · · · · · · · · · · · ·		04/28/20)14				below)	below)	er (speerry		
GREAMS L	N, OFF GRE	AMS RD										
	(Street)		4. If Amer	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
				th/Day/Year)				Applicable Line)				
								X Form filed by One Reporting Person Form filed by More than One Reporting				
CHENNAI 6	500006, K7							Person		eporting		
(City)	(State)	(Zip)		IN D	• • • •							
())	(21112)	(Table	e I - Non-D	erivative S	ecuri	ties Ac	quired, Disposed o	i, or Beneficia	lly Owned		
1.Title of	2. Transaction			3.	4. Securi			5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Y		Execution Date, if any (Month/Day/Year)		onAcquired	· · ·		Beneficially	Form: Direct (D) or Indirect (I)	Indirect Beneficial Ownership		
(Instr. 3)					Disposed							
		(INIOIILI	1/Day/1Cal)	(1130.0)	Instr. 8) (Instr. 3, 4 and 5)			Following	(Instr. 4)	(Instr. 4)		
						(•)		Reported				
						(A) or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common	0.4/00/00/1							2 (14 2(7	D			
Stock (1)	04/28/2014			$A^{(2)}$	1,788	А	\$0	3,614.367	D			

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

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.

 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)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

REDDY PREETHA APOLLO HOSPITALS 21 GREAMS LN, OFF GREAMS RD CHENNAI 600006, K7

Signatures

Rhonda L. Ingalsbe, Attorney-in-fact

04/30/2014 Date

**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 35.367 shares due to exempt transactions such as dividend reinvestment.
- (2) Deferred units credited under the Medtronic, Inc. 2013 Stock Award and Incentive 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.