

MEDTRONIC INC  
Form 3  
June 09, 2014

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
Expires: January 31, 2015  
Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â TEN HOEDT ROB		(Month/Day/Year)	MEDTRONIC INC [MDT]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
		04/26/2014		
710 MEDTRONIC PKWY MS			(Check all applicable)	
LC300			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
(Street)			<input type="checkbox"/> Officer	<input type="checkbox"/> Other
			(give title below)	(specify below)
MINNEAPOLIS,Â MNÂ 55432			EVP & President EMEAC	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)		<input checked="" type="checkbox"/> Form filed by One Reporting Person
				<input type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	24,611.697	D	Â

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

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Title			

### Edgar Filing: MEDTRONIC INC - Form 3

	Expiration Date		Amount or Number of Shares		or Indirect (I) (Instr. 5)	
Employee Stock Option (right to buy)	10/27/2009 <sup>(1)</sup>	10/27/2018	Common Stock	2,760	\$ 36.24	D Â
Employee Stock Option (right to buy)	08/03/2010 <sup>(1)</sup>	08/03/2019	Common Stock	7,656	\$ 35.92	D Â
Employee Stock Option (right to buy)	08/02/2011 <sup>(1)</sup>	08/02/2020	Common Stock	8,154	\$ 37.53	D Â
Employee Stock Option (right to buy)	08/01/2012 <sup>(1)</sup>	08/01/2021	Common Stock	7,168	\$ 34.88	D Â
Employee Stock Option (right to buy)	07/30/2013 <sup>(1)</sup>	07/30/2022	Common Stock	21,129	\$ 38.81	D Â
Employee Stock Option (right to buy)	10/29/2013 <sup>(1)</sup>	10/29/2022	Common Stock	2,404	\$ 41.6	D Â
Employee Stock Option (right to buy)	07/29/2014 <sup>(1)</sup>	07/29/2023	Common Stock	14,823	\$ 55.32	D Â
Employee Stock Option (right to buy)	07/29/2014 <sup>(1)</sup>	07/29/2023	Common Stock	1,808	\$ 55.32	D Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
TEN HOEDT ROB 710 MEDTRONIC PKWY MS LC300 MINNEAPOLIS, MN 55432	Â	Â	Â EVP & President EMEAC	Â

## Signatures

Rhonda L. Ingalsbe,  
Attorney-in-fact

06/06/2014

          Signature of Reporting Person

          Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, *see* Instruction 5(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) 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.