Edgar Filing: MEDTRONIC INC - Form 4

Form 4	C INC										
October 25, 2											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB	PPROVAL 3235-0287			
Check thi	s box		Was	shington,	D.C. 205	549			Number: Expires:	January 31,	
if no long subject to Section 10 Form 4 or Form 5	6.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,									
obligation may conti <i>See</i> Instru 1(b).	inue. Section 17	7(a) of the	Public Ut		ling Com	pany	Act o	f 1935 or Sectior	1		
(Print or Type R	Responses)										
1. Name and Address of Reporting Person <u></u> COLLINS ARTHUR D JR			2. Issuer Name and Ticker or Trading Symbol MEDTRONIC INC [MDT]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	3. Date of Earliest Transaction (Check					k all applicable)		
				(Month/Day/Year) 10/21/2004				X Director 10% Owner X Officer (give title Other (specify below) below) Chairman of the Bd and CEO			
				endment, Date Original nth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
MINNEAPO	DLIS, MN 5543	2-5604						Person	lore than One Re	eporting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	ecuri	ties Ac	quired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	r) Execution any	on Date, if	3. Transactic Code (Instr. 8) Code V	on(A) or Dis (D)	sposed	l of	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
Common Stock						(-)		435,440.153	D		
Deferred Stock Units	10/21/2004			А	40,000 (1)	А	\$ 0	439,065.831	D		
Common Stock								25,189.854	I	By 401(k) Plan	
Common Stock								4,823.432	I	By ESOP	

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

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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.

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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
				Code V	5) (A) (D)	Date Exercisable	Expiration Date	Title	Amou Numb Shares
Stock Options (Right to buy)	\$ 50	10/21/2004		А	260,000	10/21/2004 <u>(2)</u>	10/21/2014	Common Stock	260,0

Reporting Owners

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
COLLINS ARTHUR D JR MEDTRONIC, INC. 710 MEDTRONIC PARKWAY, M.S. MINNEAPOLIS, MN 55432-5604	LC310	X		Chairman of the Bd and CEO				
Signatures								
Gary A, Nelson, Attorney-in-fact	10/25/200)4						
**Signature of Reporting Person	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).
- These deferred stock units vest 100% on a cliff basis five years after the date of grant. In circumstances of death, disability or retirement, (1) these units accelerate and vest 100%. These units will be distributed one year after death, disability, or retirement. These units earn dividend equivalents in deferred stock units payable upon the above-referenced distribution date.
- (2) These options become exercisable at the rate of 25% per year beginning with the first anniversary of the 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.