McCormick Carol Form 3 May 04, 2007

FORM 3

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

OMB APPROVAL

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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 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person * Statement MEDTRONIC INC [MDT] **Â** McCormick Carol (Month/Day/Year) 04/28/2007 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) MEDTRONIC INC. 710 (Check all applicable) MEDTRONIC PKWY (Street) 6. Individual or Joint/Group 10% Owner Director _X__ Officer Other Filing(Check Applicable Line) (give title below) (specify below) _X_ Form filed by One Reporting Sr VP Human Resources Person MINNEAPOLIS, MNÂ 55432 Form filed by More than One Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 4. Nature of Indirect Beneficial 1. Title of Security 2. Amount of Securities Beneficially Owned Ownership Ownership (Instr. 4) (Instr. 4) Form: (Instr. 5) Direct (D) or Indirect (I) (Instr. 5) Â D Common Stock 3,932.872 (1) Common Stock 1,095.595 I by 401k Common Stock 4,460.634 I by ESOP Reminder: Report on a separate line for each class of securities beneficially SEC 1473 (7-02) 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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative 2. Date Exercisable and 3. Title and Amount of 4. 5. 6. Nature of Indirect Security Expiration Date (Month/Day/Year) Securities Underlying Conversion Ownership Beneficial

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(Instr. 4)	Date Exercisable	Expiration Date	Derivative So (Instr. 4) Title	Amount or Number of Shares	or Exercise Price of Derivative Security	Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	Ownership (Instr. 5)
Stock Options (Right to buy)	10/28/1999(2)	10/28/2008	Common Stock	2,666	\$ 31.9063	D	Â
Stock Options (Right to buy)	10/27/2000(2)	10/27/2009	Common Stock	3,019	\$ 33.125	D	Â
Stock Options (Right to buy)	10/25/2002(2)	10/25/2011	Common Stock	11,495	\$ 43.5	D	Â
Stock Options (Right to buy)	04/27/2001	04/27/2011	Common Stock	724	\$ 44.25	D	Â
Stock Options (Right to buy)	10/24/2003(2)	10/24/2012	Common Stock	17,830	\$ 44.87	D	Â
Stock Options (Right to buy)	10/23/2004(2)	10/23/2013	Common Stock	17,388	\$ 46.01	D	Â
Stock Options (Right to buy)	10/30/2007(2)	10/30/2016	Common Stock	8,522	\$ 48.7	D	Â
Stock Options (Right to buy)	10/21/2004	10/21/2014	Common Stock	16,000	\$ 50	D	Â
Stock Options (Right to buy)	10/26/2001(2)	10/26/2010	Common Stock	9,686	\$ 51.625	D	Â
Stock Options (Right to buy)	10/19/2006(2)	10/19/2015	Common Stock	13,219	\$ 56.74	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships				
r	Director	10% Owner	Officer	Other	
McCormick Carol MEDTRONIC INC 710 MEDTRONIC PKWY MINNEAPOLIS, MN 55432	Â	Â	Sr VP Human Resources	Â	

Signatures

James N. Spolar,	05/03/200		
Attorney-in-fact	03/03/200		
**Signature of Reporting Person	Date		

Reporting Owners 2

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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).
- (2) These options become exercisable at the rate of 25% of the shares granted per year beginning on the first anniversary of grant.
- This balance includes 2054 RSA shares. The restrictions on this award shall lapse on 10/30/09 if the Company's cumulative earnings growth during the three year period ending on the last day of fiscal year 2009 equals or exceeds a 9% compound annual growth rate, as determined by the Compensation Committee. In the circumstances of death, Disability or Retirement, these restrictions shall lapse on a pro-rata basis, provided that the mimimum threshhold has been achieved through fiscal 2009.

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.