#### Edgar Filing: MEDTRONIC INC - Form 4

MEDTRONI	C INC										
Form 4 October 31, 2	2007										
									OMB A	OMB APPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Check this box if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNE SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange A Section 17(a) of the Public Utility Holding Company Act of 1940 30(h) of the Investment Company Act of 1940						ge Act of 1934, f 1935 or Sectio	Expires: Estimated burden hou response	irs per			
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> CARLSON TERRANCE L			2. Issuer Name <b>and</b> Ticker or Trading Symbol MEDTRONIC INC [MDT]				g	5. Relationship of Reporting Person(s) to Issuer			
(Mont			(Month/D	Date of Earliest Transaction /onth/Day/Year) D/29/2007				(Check all applicable) Director 10% Owner _X_ Officer (give title Other (specify below) below) Sr VP, Genl Counsel & Corp Sec			
	(Street)		4. If Amendment, Date Original Filed(Month/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					
MINNEAPC	DLIS, MN 554	32-5604						Person	whole than one R	eporting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ear) Execution any	emed on Date, if 'Day/Year)	Code	4. Securi onAcquirec Disposec (Instr. 3,	l (A) c l of (D	)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	10/29/2007			Code V $A^{(1)}$	Amount 8,374	(D) A	Price \$ 0	60,551.515 <u>(2)</u>	D		
Common Stock								101.358	I	by ESOP	

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

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## 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 5)	6. Date Exercisab Expiration Date (Month/Day/Year		7. Title and A Underlying S (Instr. 3 and 4	Securities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Stock Options (Right to buy)	\$ 47.77	10/29/2007		А	33,494	10/29/2008 <u>(3)</u>	10/29/2017	Common Stock	33,494

### **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
CARLSON TERRANCE L MEDTRONIC, INC. 710 MEDTRONIC PARKWAY, M.S. LC310 MINNEAPOLIS, MN 55432-5604			Sr VP, Gen Counsel & Corp Sec	1		

### Signatures

James N. Spolar,	10/31/2007
Attorney-in-fact	10/31/2007

\*\*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).
- (3) These options become exercisable at the rate of 25% of the shares granted per year beginning on the first anniversary of grant.
- The restrictions on these shares shall lapse 100% on the third anniversay of the grant date if the Company's cumulative earnings per share
   (1) growth during the 36 month period ending on the last day of the Company's fiscal year 2010 equals or exceeds a 9% compound annual growth rate, as determined by the Compensation Committee.
- (2) This balance increased by 211 shares due to exempt transactions including dividend reinvestment and dividend equivalent credits.

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.