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MEDTRON	IC INC											
Form 4/A	07											
April 18, 200	Л	TATE	SECUD	UTIFC					COMMERION	r	PPROVAL	
UNITED STATES SECON						ND EAC D.C. 205		NGE (_OMINISSION	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). TATEMENT OF CHANG STATEMENT OF CHANG STATEMENT OF CHANG Section 16. Filed pursuant to Section 16 Section 17(a) of the Public Ution 30(h) of the Investion					N B JRI the oldi	BENEFI TIES Securiti ing Com	CIAI es Ex pany	Expires:January 31Expires:200Estimated averageburden hours perresponse0.				
(Print or Type I	Responses)											
1. Name and Address of Reporting Person <u>*</u> WARD SCOTT R			2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) 3. Date of Earliest Transaction]		(Chec	ck all applicable	applicable)				
MEDTRON	NIC INC, 710 NIC PKWY, MS LO	,	(Month/D 12/18/20	ay/Year		nsaction			Director X Officer (give below) Sr VP & Pr		6 Owner er (specify iabetes	
				ndment, Date Original hth/Day/Year) 003					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State) (Z	Zip)	Table	e I - Noi	n-De	erivative S	ecuri	ties Aco	uired, Disposed o	f. or Beneficial	llv Owned	
1.Title of Security (Instr. 3)		Fransaction Date 2A. Deemed onth/Day/Year) Execution Date, if any (Month/Day/Year)			actio 8)	4. Securi nAcquirec Disposec	ties l (A) c l of (D	or 9)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)		
Common	12/22/2003			G		103 <u>(1)</u>		\$ 0	6,207	I	By Wife	
Stock Common Stock	12/22/2003			G		25 <u>(1)</u>	D	\$ 0	6,182	I	By Wife	
Common Stock	12/22/2003			G	V	250 <u>(1)</u>	D	\$ 0	5,932	I	By Wife	
Common Stock	12/22/2003			G	V	105 (1)	D	\$0	5,827	I	By Wife	
Common Stock	12/18/2003			G	V	58 <u>(2)</u>	D	\$0	22,313.581	D		

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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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amount of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underlying	g Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securities	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3 and	d 4)	Owne
	Security				Acquired					Follo
					(A) or					Repo
					Disposed					Trans
					of (D)					(Instr
					(Instr. 3,					
					4, and 5)					
								A	4	
								Amo	Sunt	
				a 1 1		Date Ex	Expiration	Or T'(I) N	1	
						Exercisable	ble Date	Title Number	nber	
								of		
				Code V	(A) (D)			Shar	es	

Reporting Owners

Reporting Owner Name / Address	Relationships						
T. G. T.	Director	10% Owner	Officer	Other			
WARD SCOTT R MEDTRONIC INC 710 MEDTRONIC PKWY, MS LC310 MINNEAPOLIS, MN 55432-5604			Sr VP & Pres, Neuro & Diabetes				

Signatures

Neil P. Ayotte, Attorney-in-Fact 04/18/2007

**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).
- (1) These shares were incorrectly attributed as gifts from Mr. Ward as opposed to his wife.
- (2) This line item was reported correctly but is included to show the corrected direct holdings balance.

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.