

PATTERSON COMPANIES, INC.
 Form 3
 September 30, 2005

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

OMB APPROVAL

OMB Number: 3235-0104
 Expires: January 31, 2005
 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 * Sproat David P (Last) (First) (Middle)	2. Date of Event Requiring Statement (Month/Day/Year) 09/27/2005	3. Issuer Name and Ticker or Trading Symbol PATTERSON COMPANIES, INC. [PDCO]	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) President, Subsidiary	5. If Amendment, Date Original Filed(Month/Day/Year)
PATTERSON MEDICAL PRODUCTS, INC., 270 REMINGTON BLVD., SUITE C (Street)		6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person		
BOLINGBROOK, IL 60440 (City) (State) (Zip)				

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	10,082	D	

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	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
---	---	--	---	---	--

Edgar Filing: PATTERSON COMPANIES, INC. - Form 3

	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)
Employee Stock Options	Â (1)	Â (2)	Common Stock	36,784	\$ (3)	D Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Sproat David P PATTERSON MEDICAL PRODUCTS, INC. 270 REMINGTON BLVD., SUITE C BOLINGBROOK, IL 60440	Â	Â	Â President, Subsidiary	Â

Signatures

Matthew L. Levitt, by Power of Attorney
Date: 09/30/2005

**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) Options for 36,784 shares are exercisable as follows: 4,436 shares on 2/10/2006; 4,436 shares on 2/10/2007; 4,436 shares on 2/10/2008; 4,488 shares on 4/30/2009; 3,758 shares on 4/29/2010; 2,690 shares on 4/29/2011; 3,194 shares on 4/27/2012; 1,758 shares on 4/26/2013; 1,388 shares on 7/1/2007 and 7/1/2008; 1,128 shares on 7/1/2009; 1,054 shares on 7/1/2010; 966 shares on 7/1/2011; 884 shares on 7/1/2012; and 800 shares on 7/1/2013.
- (2) Options expire as follows: 13,308 on 2/09/2009; 4,488 on 4/30/2010; 3,758 on 4/29/2011; 2,690 on 4/29/2012; 3,194 on 4/27/2013; 1,738 on 4/26/2014; and 7,608 on 7/01/2014.
- (3) The exercise prices for the options are as follows: 13,308 at \$10.1407; 4,488 at \$12.1875; 3,758 at \$15.28; 2,690 at \$22.57; 3,194 at \$19.965; 1,738 at \$38.50; and 7,608 at \$37.30.

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.