Mackin James P Form 4 August 04, 2010

FORM 4

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16. Form 4 or

Washington, D.C. 20549

January 31, Expires: 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per

Form 5 obligations may continue. See Instruction

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

response... 0.5

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Mackin James P			2. Issuer Name and Ticker or Trading Symbol MEDTRONIC INC [MDT]	5. Relationship of Reporting Person(s) to Issuer		
(Last) (First) (Middle)		(Middle)	3. Date of Earliest Transaction	(Check all applicable)		
(Last)	(First)	(Middle)		Director 100/ Oyunga		
710 MEDTRONIC PKWY MS LC300			(Month/Day/Year) 08/02/2010	Director 10% Owner Officer (give title Other (specify below) SVP & Pres CRDM		
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
MINNEAPOLIS, MN 55432			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		

(City)	(State) (A	Table	I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficial	ly Owned
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securi	ties		5. Amount of		7. Nature of
Security	(Month/Day/Year)	Execution Date, if		onAcquired (A) or			Securities	Form: Direct	Indirect
(Instr. 3)		any	Code	Disposed of (D) (Instr. 3, 4 and 5)		Beneficially	(D) or	Beneficial	
		(Month/Day/Year)	(Instr. 8)			Owned	Indirect (I)	Ownership	
						Following	(Instr. 4)	(Instr. 4)	
					(4)		Reported		
					(A)		Transaction(s)		
			G 1 17		or	ъ.	(Instr. 3 and 4)		
			Code V	Amount	(D)	Price			
Common							769.884	т	ESOP
Stock							702.004	1	LSOI
Common	08/02/2010		$A^{(2)}$	8,900	Α	\$ 0	102,940.814	D	
Stock (1)	06/02/2010		A <u>(-)</u>	0,900	A	\$ U	102,940.814	D	

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. Transaction Code (Instr. 8)	5. Number of or Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	e Expiration Date s (Month/Day/Year) (A) sed of		7. Title and Amount Underlying Securition (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Employee Stock Option (right to buy)	\$ 37.53	08/02/2010		A	35,492	08/02/2011(3)	08/02/2020	Common Stock	35,4

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Mackin James P			SVP &				
710 MEDTRONIC PKWY MS LC300			Pres				
MINNEAPOLIS, MN 55432			CRDM				

Date

Signatures

Rhonda L. Ingalsbe,

Attorney-in-fact 08/04/2010

**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).
- (1) This balance increased by 522.399 due to exempt transactions such as dividend reinvestment and dividend equivalent credits.
- The restrictions on these restricted stock units shall lapse on the third anniversary of the grant date if the company's cumulative diluted (2) earnings per share growth during the 36 month period ending on the last day of the Company's fiscal year 2013 equals or exceeds a 5% compound annual growth rate, as determined by the Compensation Committee.
- (3) These options become exercisable at the rate of 25% of the shares granted per year beginning on the first anniversary of 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.

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