

Szyman Catherine M  
 Form 3  
 November 16, 2012

**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 Person *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â Szyman Catherine M		(Month/Day/Year)	MEDTRONIC INC [MDT]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
			(Check all applicable)	
710 MEDTRONIC PKWY MS			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
LC300			<input type="checkbox"/> Officer	<input type="checkbox"/> Other
(Street)			(give title below) (specify below)	
MINNEAPOLIS,Â MNÂ 55432			SrVP & Pres Diabetes	
(City)	(State)	(Zip)	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	

**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	20,244.499	D	Â

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

SEC 1473 (7-02)

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**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 Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Title			

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		Expiration Date		Amount or Number of Shares		or Indirect (I) (Instr. 5)	
Employee Stock Option (right to buy)	10/23/2004 <sup>(1)</sup>	10/23/2013	Common Stock	9,561	\$ 46.01	D	Â
Employee Stock Option (right to buy)	04/30/2005 <sup>(1)</sup>	04/30/2014	Common Stock	2,973	\$ 50.46	D	Â
Employee Stock Option (right to buy)	10/21/2004	10/21/2014	Common Stock	15,000	\$ 50	D	Â
Employee Stock Option (right to buy)	10/19/2006 <sup>(1)</sup>	10/19/2015	Common Stock	13,219	\$ 56.74	D	Â
Employee Stock Option (right to buy)	10/30/2007 <sup>(1)</sup>	10/30/2016	Common Stock	9,241	\$ 48.7	D	Â
Employee Stock Option (right to buy)	10/27/2009 <sup>(1)</sup>	10/27/2018	Common Stock	6,899	\$ 36.24	D	Â
Employee Stock Option (right to buy)	08/03/2010 <sup>(1)</sup>	08/03/2019	Common Stock	6,960	\$ 35.92	D	Â
Employee Stock Option (right to buy)	08/02/2011 <sup>(1)</sup>	08/02/2020	Common Stock	25,314	\$ 37.53	D	Â
Employee Stock Option (right to buy)	08/01/2012 <sup>(1)</sup>	08/01/2021	Common Stock	28,670	\$ 34.88	D	Â
Employee Stock Option (right to buy)	07/30/2013 <sup>(1)</sup>	07/30/2022	Common Stock	25,767	\$ 38.81	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Szyman Catherine M 710 MEDTRONIC PKWY MS LC300 MINNEAPOLIS, MN 55432	Â	Â	Â SrVP & Pres Diabetes	Â

## Signatures

Rhonda L. Ingalsbe,  
Attorney-in-fact

11/16/2012

\*\*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) 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.