Edgar Filing: Cordell Kevin D - Form 4

Cordell Kevi	n D									
Form 4 July 26, 2018	2									
	_							OMB A	PPROVAL	
FORM	UNITED	STATEMENT OF CHANGES IN 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							3235-0287	
Check thi if no long subject to Section 1 Form 4 or Form 5 obligation may cont <i>See</i> Instru 1(b).	6. Filed purs Section 17(a								January 31, 2005 average irs per 0.5	
(Print or Type F	Responses)									
Cordell Kevin D Symbol			nt Medical Group N.V.				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (N	-	3. Date of Earliest Transaction			Director 10% Owner				
(Month			nth/Day/Year) 4/2018				_X_ Officer (give title Other (specify below) below) President, U.S.			
			endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
MEMPHIS,	TN 38117							fore than One Re		
(City)	(State) ((Zip) Tal	ole I - Non-E	Derivative S	ecuritio	es Acq	uired, Disposed of	, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, any (Month/Day/Year)		Execution Date, if	Code (D)			of	Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Ordinary Shares, par value EUR 0.03 per share	07/24/2018		Code V A	Amount 10,817 (1)		Price \$ 0	Reported Transaction(s) (Instr. 3 and 4) 64,127 (2)	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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year) f		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. D Si (I
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 24.49	07/24/2018		А	29,023	(3)	07/24/2028	Ordinary Shares	29,023	

Reporting Owners

**Signature of Reporting Person

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Cordell Kevin D 1023 CHERRY ROAD MEMPHIS, TN 38117			President, U.S.			
Signatures						
/s/ Marija Nelson, attorney-in-fact	C	07/26/2018				

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 ordinary shares will be issued over time upon vesting pursuant to a restricted stock unit granted under the Wright Medical Group N.V. 2017 Equity and Incentive Plan.
- Includes 15,984 ordinary shares that will be issued over time upon vesting pursuant to restricted stock units granted under the Wright
 Medical Group N.V. Amended and Restated 2010 Incentive Plan, 20,813 shares that will be issued over time upon vesting pursuant to restricted stock units granted under the Wright Medical Group N.V. 2017 Equity and Incentive Plan and 1,288 ordinary shares acquired under the Wright Medical Group N.V. Amended and Restated Employee Stock Purchase Plan.
- (3) This option vests with respect to 25% of the shares on July 24, 2019 and with respect to the remaining 75% of such shares over the three-year period thereafter in 36 as nearly equal as possible monthly installments.

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.