

WRIGHT MEDICAL GROUP INC  
 Form 3  
 May 18, 2010

**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 Davis Timothy E JR		(Month/Day/Year)	WRIGHT MEDICAL GROUP INC [WMGI]	
(Last)	(First)	(Middle)	05/13/2010	
5677 AIRLINE ROAD			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
ARLINGTON,Â TNÂ 38002			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Form filed by One Reporting Person
			(give title below) (specify below)	<input type="checkbox"/> Form filed by More than One Reporting Person
			Sr. VP - Corporate Development	

**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	45,481	D	Â

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

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				Shares		(I) (Instr. 5)	
Employee Stock Option (right to buy)	Â (1)	12/15/2016	Common Stock	65,000	\$ 23.89	D	Â
Employee Stock Option (right to buy)	Â (2)	05/14/2018	Common Stock	25,000	\$ 29.19	D	Â
Employee Stock Option (right to buy)	Â (3)	05/13/2019	Common Stock	6,969	\$ 15.47	D	Â
Employee Stock Option (right to buy)	Â (4)	05/13/2020	Common Stock	6,179	\$ 18.37	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Davis Timothy E JR 5677 AIRLINE ROAD ARLINGTON, TN 38002	Â	Â	Â Sr. VP - Corporate Development	Â

## Signatures

/a/ Beverly Sanders Gates, per Power of Attorney for Timothy E.  
Davis, Jr.

05/18/2010

\_\_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) The stock option is vested and currently exercisable with respect to 48,750 shares and will vest and become exercisable with respect to 16,250 shares on 12/15/2010.
- (2) The stock option is vested and currently exercisable with respect to 12,500 shares and will vest and become exercisable with respect to 6,250 shares on each of 05/14/2011 and 05/14/2012.
- (3) The stock option is vested and currently exercisable with respect to 1,742 shares and will vest and become exercisable with respect to 1,742 shares on each of 05/13/2011 and 05/13/2012 and 1,743 shares on 05/13/2013.
- (4) The stock option will vest and become exercisable in four equal annual installments beginning on 05/13/2011.

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.