## Edgar Filing: Wright Medical Group N.V. - Form 4

| Wright Medical Group<br>Form 4<br>July 21, 2016  | N.V.  |  |   |  |  |   |  |
|--|---|--|---|--|--|---|--|
| FORM 4   |   |  |   |  | OMB A  | PPROVAL   |  |
| Check this box   | ITED STATES                                   | SECURITIES AND EXCHANGE COMMISSION<br>Washington, D.C. 20549 |   |  | OMB<br>Number:   | 3235-0287   |  |
| if no longer   |   |  |   |  | Expires:   | January 31,<br>2005   |  |
| subject to<br>Section 16.<br>Form 4 or   | SECURITIES                                    |  |   |  | Estimated average<br>burden hours per<br>response 0.5                |   |  |
| Form 5<br>obligations<br>may continue.<br>See Instruction<br>1(b).<br>Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,<br>Section 17(a) of the Public Utility Holding Company Act of 1935 or Section<br>30(h) of the Investment Company Act of 1940 |   |  |   |  |  | 0.0   |  |
| (Print or Type Responses)  |   |  |   |  |  |   |  |
| 1. Name and Address of R<br>TRACY JULIE D  | 2. Issuer Name and<br>Symbol                  |  | 5. Relationship of Reporting Person(s) to Issuer  |  |  |   |  |
|  |   | Wright Medical C<br>[WMGI]                                   | iroup N.V.  | (Check all applicable)                         |  |   |  |
| (Last) (First)   | 3. Date of Earliest Tra<br>(Month/Day/Year)   | ansaction  | Director     10% Owner       X Officer (give title     Other (specify below)  |  |  |   |  |
| 1023 CHERRY ROAD 07/   |   | 07/19/2016   |   | Sr. VP and Chief Comm. Officer                 |  |   |  |
| (Street)   | 4. If Amendment, Dat<br>Filed(Month/Day/Year) | -  | <ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul> |  |  |   |  |
| MEMPHIS, TN 3811   | 7   |  |   | Form filed by M<br>Person                      |  |   |  |
| (City) (State)   | (Zip)   | Table I - Non-D  | erivative Securities Ac   | equired, Disposed of                           | , or Beneficial  | ly Owned  |  |
| 1.Title of<br>Security<br>(Instr. 3)2. Transaction Date<br>(Month/Day/Year)2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year)   |   |  | 4. Securities<br>onAcquired (A) or<br>Disposed of (D)<br>(Instr. 3, 4 and 5)  | SecuritiesHBeneficially()OwnedHFollowing()     | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
| Ordinary   |   | Code V   | (A)<br>or<br>Amount (D) Price   | Reported<br>Transaction(s)<br>(Instr. 3 and 4) |  |   |  |
| Shares, par<br>value EUR 07/19/2<br>0.03 per<br>share  | )16   | А  | $\frac{8,574}{(1)}$ A \$0   | 32,965 <u>(2)</u>                              | D  |   |  |

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

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.

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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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactio<br>Code<br>(Instr. 8) | 5. Number of<br>orDerivative<br>Securities<br>Acquired (A)<br>or Disposed of<br>(D)<br>(Instr. 3, 4,<br>and 5) | *                   |                    | 7. Title and Amount of 8<br>Underlying Securities (Instr. 3 and 4) |                                     |
|---|---|---|---|--|--|---------------------|--------------------|--|-------------------------------------|
|   |   |   |   | Code V                                 | (A) (D)  | Date<br>Exercisable | Expiration<br>Date | Title  | Amount<br>or<br>Number<br>of Shares |
| Stock<br>Option<br>(right to<br>buy)                | \$ 21.24  | 07/19/2016                              |   | А                                      | 24,639   | (3)                 | 07/19/2026         | Ordinary<br>Shares   | 24,639                              |

## **Reporting Owners**

| <b>Reporting Owner Name / Address</b>                  | Relationships |           |                                   |       |  |  |
|--|---------------|-----------|-----------------------------------|-------|--|--|
|  | Director      | 10% Owner | Officer                           | Other |  |  |
| TRACY JULIE D<br>1023 CHERRY ROAD<br>MEMPHIS, TN 38117 |               |           | Sr. VP an<br>Chief Com<br>Officer |       |  |  |
| Signatures   |               |           |                                   |       |  |  |
| /s/ Marija Nelson,                                     | 07/21/201     | 16        |                                   |       |  |  |

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. Amended and Restated 2010 Incentive Plan.
- (2) Includes 22,684 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.
- (3) This option vests with respect to 25% of the shares on July 19, 2017 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.

attorney-in-fact

\*\*Signature of Reporting Person