Edgar Filing: STRYKER CORP - Form 4

| STRYKER | CORP | | | | | | | | | | | |
|--|---|---|------------|--|--|-------|--|--|---|---|--|--|
| Form 4 August 24, | 2009 | | | | | | | | | | | |
| FORM | ЛЛ | | | | | | | | OMB A | PPROVAL | | |
| UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | OMB Number: | 3235-0287 | | | |
| Check this box if no longer subject to Section 16. Form 4 or | | | | | | | | Expires: | January 31, 2005 | | | |
| | | | | SECU | RITIES | | Estimated a burden hou response | average rs per | | | | |
| Form 5 obligati may con <i>See</i> Inst 1(b). | ntinue. Section 17 | (a) of the l | Public I | Utility Ho | | npan | y Act of | Act of 1934, 1935 or Section) | | | | |
| (Print or Type | e Responses) | | | | | | | | | | | |
| STRYKER RONDA E Symbol | | | Symbol | l | nd Ticker or RP [SYK] | | | . Relationship of Reporting Person(s) to ssuer | | | | |
| (Last) | (First) | (Middle) | | of Earliest | | | | (Check | all applicable | ;) | | |
| | | | /Day/Year) | Transaction | | | X Director Officer (give ti below) | Officer (give title Other (specify | | | | |
| Filed(M | | | | d(Month/Day/Year) Ap | | | | Applicable Line) _X_ Form filed by Oı | Individual or Joint/Group Filing(Check pplicable Line) K_ Form filed by One Reporting Person _ Form filed by More than One Reporting | | | |
| | ZOO, MI 49002 | | | | | | | Person | | | | |
| (City) | (State) | (Zip) | Та | ble I - Non- | -Derivative | Secur | ities Acqu | ired, Disposed of, | or Beneficial | ly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deeme Execution I any (Month/Day | Date, if | 3. Transactic Code (Instr. 8) Code V | 4. Securitie onDisposed o (Instr. 3, 4 a Amount | f (D) | | r 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Common Stock | 08/21/2009 | | | S | 100,000 | D | \$ 41.7308 | 3 17,326,682 | I | By Revocable Trust | | |
| Common Stock | | | | | | | | 17,207,398 | Ι | By L. Lee Stryker Trust | | |
| Common Stock | | | | | | | | 112,000 | D | | | |
| Common Stock | | | | | | | | 40,000 | I | By Husband | | |

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) | 4. Transactio Code (Instr. 8) | 5. of Derivative Securities Acquired (A) or Disposed of (D) | | ate | Secur | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|--|--|---------------------|--------------------|-------|--|---|---|
| | | | Code V | (Instr. 3, 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Addr | Relationships ss | | | | | | | |
|--|---------------------|-----------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| STRYKER RONDA E 2825 AIRVIEW BLVD. KALAMAZOO, MI 49002 | Х | | | | | | | |
| Signatures | | | | | | | | |
| Ronda E. Stryker | 08/24/2009 | | | | | | | |
| **Signature of | 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) Represents the average price for transactions in a range from \$41.6399 to \$41.8180.

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.

Reporting Person