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

Wright Medica Form 4 October 09, 20	•										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check this b if no longer		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP O SECURITIES							Expires:	January 31, 2005	
subject to Section 16. Form 4 or	STATEN								Estimated a burden hou response	average urs per	
Form 5 obligations may continue. See Instruction 1(b). 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 Res	ponses)										
A m durance Tralia			2. Issuer Symbol	2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
		Wright Medical Group N.V. [WMGI]					(Check all applicable)				
(Last)	(First) (N	Middle)	3. Date of Earliest Transaction					Director 10% Owner X Officer (give title Other (specify			
				(onth/Day/Year) //07/2015				below) below) VP & Chief Acctg. Officer			
				nendment, Date Original Ionth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 			
(City)	(State)	(Zip)	Tabl	e I - Non-D) erivative	Secu	ities Aca	uired, Disposed of	or Beneficial	lv Owned	
	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)		3.4. Securities AcquiredTransaction(A) or Disposed of (D)Code(Instr. 3, 4 and 5)				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		
Ordinary Shares, par value EUR 1 0.03 per share	0/07/2015			S	39 <u>(1)</u>		\$ 21.09	14,915	D		
Ordinary Shares, par value EUR 1 0.03 per share	0/07/2015			S	2,655 (1)	D	\$ 20.36	12,260	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.

 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. Transactic Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Andrews Julie 1023 CHERRY ROAD MEMPHIS, TN 38117			VP & Chief Acctg. Officer				
Signatures							
/s/ Marija S. Nelson, Attorney-in-fact		10/09/201					
**Signature of Reporting Person		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) Shares were sold pursuant to a Rule 10b5-1 plan to satisfy applicable withholding obligations upon vesting of restricted stock.

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.