#### POZEN ROBERT C Form 3 October 25, 2004 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB Number:

### **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 Addre POZEN RO	2. Date of Event Requiring Statement		3. Issuer Name and Ticker or Trading Symbol MEDTRONIC INC [MDT]								
(Last)	(First)	(Middle)	(Month/Day/Year) 10/21/2004		4. Relationship of Reporting Person(s) to Issuer				mendment, Date Original /lonth/Day/Year)		
MEDTRONIC, MEDTRONIC LC310 MINNEAPOLI	PARKWAY (Street)	, M.S.			X Di	eck all app irector Owr ficer below) (spe	10% ner Other	6. Indi Filing( _X_ Fo Person For	vidual or Joint/Group Check Applicable Line) rm filed by One Reporting m filed by More than One ng Person		
(City)	(State)	(Zip)	]	Table I - No	n-Deriv	vative Se	curities	s Benefici	ally Owned		
1.Title of Security (Instr. 4)			Ber	Amount of Sector neficially Ownerstr. 4)		3. Ownershi Form: Direct (D or Indirec (I) (Instr. 5)	ip Ow (Ins 9)	Vature of Inc mership str. 5)	lirect Beneficial		
Reminder: Report of owned directly or in		e for each cla	ss of securitie	s beneficially	S	SEC 1473 (7	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 ( <i>e.g.</i> , puts, calls, warrants, options, convertible securities)											
1. Title of Derivati (Instr. 4)	ve Security	2. Date Exe Expiration	ercisable and Date	3. Title and A Securities U				5. Ownership	6. Nature of Indirect Beneficial Ownership		

3235-0104

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

(I) (Instr. 5)

## **Reporting Owners**

Reporting Owner Name / Addre	Relationships					
		Director	10% Owner	Officer	Other	
POZEN ROBERT C MEDTRONIC, INC. 710 MEDTRONIC PARKWAY, M. MINNEAPOLIS, MN 55432-560		ÂX	Â	Â	Â	
Signatures						
Gary A. Nelson, Attorney-in-fact	10/25/2004	ł				
**Signature of Reporting Person	Date					

# **Explanation of Responses:**

### No securities are beneficially owned

- \* 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).

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.