

WRIGHT MEDICAL GROUP INC

Form 4

October 05, 2015

FORM 4**UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0287
 Expires: January 31, 2015
 Estimated average burden hours per response... 0.5

Check this box
 if no longer
 subject to
 Section 16.
 Form 4 or
 Form 5
 obligations
 may continue.
See Instruction
 1(b).

**STATEMENT OF CHANGES IN 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 *
 EMERSON MARTIN J

2. Issuer Name **and** Ticker or Trading
 Symbol
 WRIGHT MEDICAL GROUP INC
 [WMGI]

5. Relationship of Reporting Person(s) to
 Issuer

(Check all applicable)

(Last) (First) (Middle)

4659 FABLE HILL WAY N.

(Street)

HUGO, MN 55038

(City) (State) (Zip)

3. Date of Earliest Transaction
 (Month/Day/Year)
 10/01/2015

4. If Amendment, Date Original
 Filed(Month/Day/Year)

☒ Director ☐ 10% Owner
☐ Officer (give title below) ☐ Other (specify below)

6. Individual or Joint/Group Filing(Check
 Applicable Line)
☒ Form filed by One Reporting Person
☐ Form filed by More than One Reporting
 Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (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 Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price
Common Stock	10/01/2015		D		28,280	D	11 0

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.**

SEC 1474
 (9-02)

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
(e.g., puts, calls, warrants, options, convertible securities)**

Edgar Filing: WRIGHT MEDICAL GROUP INC - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	D S (I
Outside Director Stock Option (Right to Buy)	\$ 19.89	10/01/2015		D	20,000	<u>(2)</u>	04/13/2016	Common Stock	20,000	
Outside Director Stock Option (Right to Buy)	\$ 24.08	10/01/2015		D	12,500	<u>(2)</u>	05/17/2017	Common Stock	12,500	
Outside Director Stock Option (Right to Buy)	\$ 29.19	10/01/2015		D	10,000	<u>(2)</u>	05/14/2018	Common Stock	10,000	
Outside Director Stock Option (Right to Buy)	\$ 15.47	10/01/2015		D	10,000	<u>(2)</u>	05/13/2019	Common Stock	10,000	
Outside Director Stock Option (Right to Buy)	\$ 18.37	10/01/2015		D	10,000	<u>(2)</u>	05/13/2020	Common Stock	10,000	
Outside Director Stock Option (Right to Buy)	\$ 15.5	10/01/2015		D	10,000	<u>(2)</u>	05/11/2021	Common Stock	10,000	
	\$ 21.39	10/01/2015		D	10,000	<u>(2)</u>	05/09/2022		10,000	

Common
Stock

Common
Stock

10,000

05/13/2024

Common
Stock

10.000

Reporting Owners

Relationships

Director 10% Owner Officer Other

EMERSON MARTIN J
4659 FABLE HILL WAY N. X
HUGO, MN 55038

Signatures

10/05/2015

****Signature of Reporting Person**

Date _____

Explanation of Responses:

- | | |
|-----|---|
| * | If the form is filed by more than one reporting person, <i>see</i> Instruction 4(b)(v). |
| ** | Intentional misstatements or omissions of facts constitute Federal Criminal Violations. <i>See</i> 18 U.S.C. 1001 and 15 U.S.C. 78ff(a). |
| (1) | Disposed of pursuant to the Agreement and Plan of Merger by and among the issuer, Tornier N.V., Trooper Holdings Inc., and Trooper Merger Sub Inc., which became effective on October 1, 2015, in exchange for 29,153 Wright Medical Group N.V. ("Wright N.V.") ordinary shares having a market value of \$20.39 per share at the effective time of the merger. |
| (2) | The outside director stock option vests in equal annual installments over a period of four years after the grant date. |
| (3) | This option was assumed by Wright N.V. in the merger and replaced with an option to purchase 20,618 Wright N.V. at a price of \$19.30 per share. |
| (4) | This option was assumed by Wright N.V. in the merger and replaced with an option to purchase 12,886 Wright N.V. at a price of \$23.36 per share. |
| (5) | This option was assumed by Wright N.V. in the merger and replaced with an option to purchase 10,309 Wright N.V. at a price of \$28.32 per share. |
| (6) | This option was assumed by Wright N.V. in the merger and replaced with an option to purchase 10,309 Wright N.V. at a price of \$15.01 per share. |

Edgar Filing: WRIGHT MEDICAL GROUP INC - Form 4

- (7) This option was assumed by Wright N.V. in the merger and replaced with an option to purchase 10,309 Wright N.V. at a price of \$17.82 per share.
- (8) This option was assumed by Wright N.V. in the merger and replaced with an option to purchase 10,309 Wright N.V. at a price of \$15.04 per share.
- (9) This option was assumed by Wright N.V. in the merger and replaced with an option to purchase 10,309 Wright N.V. at a price of \$20.75 per share.
- (10) This option was assumed by Wright N.V. in the merger and replaced with an option to purchase 10,309 Wright N.V. at a price of \$23.93 per share.
- (11) This option was assumed by Wright N.V. in the merger and replaced with an option to purchase 10,309 Wright N.V. at a price of \$29.06 per share.

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.