Edgar Filing: WRIGHT MEDICAL GROUP INC - Form 4

| WRIGHT M Form 4 June 06, 201 | EDICAL GROUP | INC | | | | | | | | |
|--|-----------------------------|--|---|--|-------|-------------|--|--|---------------------|--|
| FORM | 14 | | | | | | | OMB AF | PROVAL | |
| | UNITED SI | Washington, D.C. 20549 | | | | | | OMB Number: | 3235-0287 | |
| Check thi if no long | or | | | | | | | | January 31, 2005 | |
| subject to Section 1 | 6. SIAIEME | | | | | | | Estimated average burden hours per | | |
| Form 4 or Form 5 | | ant to Section 1 | S(a) of the | Soourit | ioc E | vohona | h A at of 1024 | response | 0.5 | |
| obligation may cont <i>See</i> Instru 1(b). | $\frac{1}{1}$ Section 17(a) | ant to Section 10 of the Public Ut 30(h) of the In | ility Hold | ing Con | ipany | y Act of | 1935 or Section | 1 | | |
| (Print or Type F | Responses) | | | | | | | | | |
| Stookey Eric A Sy W | | | 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) (Mid | Idle) 3. Date of | Earliest Tra | ansaction | | | Director | | Owner | |
| | | | (Month/Day/Year) 06/05/2013 | | | | XOfficer (give titleOther (specify below) below) Pres., Extremities Div. | | | |
| Filed(Mon | | | nendment, Date Original onth/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 | | | |
| ARLINGTO | DN, TN 38002 | | | | | | Person | | porting | |
| (City) | (State) (Z | ip) Tabl | e I - Non-Do | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | | | 3. Transaction Code (Instr. 8) Code V | 4. Securit n(A) or Di (Instr. 3, Amount | spose | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common Stock | 06/05/2013 | | S <u>(1)</u> | 3,235 | D | \$ 24.73 | 84,143 | 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)

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| 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. Transactic Code (Instr. 8) | 5. 6. Date Exercisable and onNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) | | ate | 7. Titl Amou Under Securi (Instr. | int of lying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu 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 / Address | Relationships | | | | | | |
|--|---------------|-----------|-------------------------|-------|--|--|--|
| 1 | Director | 10% Owner | Officer | Other | | | |
| Stookey Eric A 5677 AIRLINE ROAD ARLINGTON, TN 38002 | | | Pres., Extremities Div. | | | | |
| Signatures | | | | | | | |
| | | | | | | | |

/s/ Richard F. Mattern, per Power of Attorney for Eric A. Stookey

**Signature of Reporting Person

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) The sale was effected pursuant to a Rule 10b5-1 plan adopted on the date of grant of restricted stock for purpose of selling shares as necessary 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.

06/06/2013

Date