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

Wright Medi Form 4 July 21, 2016	cal Group N.V.										
FORM	1 /									PPROVAL	
Check thi	Washington, D.C. 20549								OMB Number:	3235-0287	
if no long	er STATEMENT OF CHANCES IN BENEFICIAL OWNEDSHID								Expires:	January 31, 2005	
subject to Section 1 Form 4 o	6.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								average Irs per 0.5	
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations may continue. See Instruction 1(b).								0.0			
(Print or Type F	Responses)										
BLACKFORD GARY Symbol Wright			suer Name and Ticker or Trading ol				5. Relationship of Reporting Person(s) to Issuer				
			Wright Medical Group N.V. [WMGI]					(Check all applicable)			
(Month/I			(Month/Da	/Day/Year)				_X_ Director10% Owner Officer (give titleOther (specify below) below)			
)7/19/2016				6 Individual or Joint/Group Eiling/Charles			
			endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
MEMPHIS,	TN 38117							_X_ Form filed by Form filed by I Person	One Reporting Pe More than One Re		
(City)	(State) (2	Zip)	Table	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Execution Date, (Instr. 3) any		Date, if	3.4. Securitieste, ifTransactionAcquired (A) or CodeCodeDisposed of (D)Year)(Instr. 8)(Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following	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	Reported Transaction(s) (Instr. 3 and 4)			
Ordinary Shares, par value EUR	07/19/2016			A	4,094	A	\$ 0	64,292 <u>(2)</u>	D		
0.03 per share											

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of orDerivative 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. D So (I
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 21.24	07/19/2016		А	11,765	(3)	07/19/2026	Ordinary Shares	11,765	

Reporting Owners

Reporting Owner Name / Address				
1	Director	10% Owner	Officer	Other
BLACKFORD GARY 1023 CHERRY ROAD MEMPHIS, TN 38117	Х			
Signatures				
/s/ Marija Nelson, attorney-in-fact	C	07/21/2016		

**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).
- These ordinary shares will be issued over time upon vesting pursuant to a restricted stock unit granted under the Wright Medical Group (1)N.V. Amended and Restated 2010 Incentive Plan.
- Includes 7,902 ordinary shares that will be issued over time upon vesting pursuant to restricted stock units granted under the Wright (2)Medical Group N.V. Amended and Restated 2010 Incentive Plan.
- (3) This option vests in two annual installments, on the one-year and two-year anniversaries of July 19, 2016.

Date

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.