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Lanier Tim Form 4 July 26, 2017	7										
FORM										PPROVAL	
UNITED STATES SEC				ECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						3235-0287	
Check thi if no long	ENT OF	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Expires:	January 31, 2005		
subject to Section 1 Form 4 or	IENT OF							Estimated a burden hou response	irs per		
Form 5	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,						response	0.5			
obligations may continue. See Instruction 1(b). 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 F	Responses)										
· · · · · · · · · · · · · · · · · · ·			2. Issuer Name and Ticker or Trading Symbol				g	5. Relationship of Reporting Person(s) to Issuer			
			Wright Medical Group N.V. [WMGI]					(Check all applicable)			
(Last)	(First) (N				ansaction			Director 10% Owner X Officer (give title Other (specify			
1023 CHERRY ROAD			(Month/Day/Year) 07/25/2017					below) below) President, Upper Extremities			
			4. If Amendment, Date Original Filed(Month/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
MEMPHIS, TN 38117									Form filed by More than One Reporting Person		
(City)	(State) ((Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution D any (Month/Day/Year)		n Date, if TransactionAcquire			cquired (A) or isposed of (D) istr. 3, 4 and 5)		SecuritiesHBeneficially()OwnedHFollowing()	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Ordinary				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			
Ordinary Shares, par value EUR 0.03 per share	07/25/2017			А	3,932 (1)	A	\$ 0	18,120 <u>(2)</u>	D		

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)	Derivative Expiration Date (Month/Day/Year) (Acquired (A) r Disposed of D) (Instr. 3, 4,		, ,		8. D S (I
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 27.86	07/25/2017		А	11,607	(3)	07/25/2027	Ordinary Shares	11,607	

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
Lanier Tim 1023 CHERRY ROAD MEMPHIS, TN 38117			President, Upper Extremities				
Signatures							
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/s/ Marija Nelson, attorney-in-fact	07/26/201
**Signature of Reporting Person	Date

**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. 2017 Equity and Incentive Plan.
- Includes 11,835 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 and 3,932 ordinary shares that will be issued over time upon vesting pursuant to a restricted stock unit granted under the Wright Medical Group N.V. 2017 Equity and Incentive Plan.
- This option vests with respect to 25% of the shares on July 25, 2018 and with respect to the remaining 75% of such shares over the (3) three-year period thereafter in 36 as nearly equal as possible monthly installments.

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.