#### WRIGHT MEDICAL GROUP INC

Form 4 May 21, 2007

# FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB** 3235-0287 Number:

**OMB APPROVAL** 

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

January 31, Expires: 2005

Form 4 or Form 5 obligations may continue.

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

burden hours per response... 0.5

Estimated average

See Instruction

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person ** HOOD JASON P  |                                |        | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>WRIGHT MEDICAL GROUP INC |  |   |   |   | 5. Relationship of Reporting Person(s) to Issuer   |  |                |  |  |
|--|--------------------------------|--------|---|--|---|---|---|--|--|----------------|--|--|
|  |                                | [WMGI] |   |  |   |   | (Check all applicable)  |  |  |                |  |  |
| (Last)   |                                | iddle) | 3. Date of Earliest Transaction (Month/Day/Year)                                  |  |   |   | Director 10% Owner X_ Officer (give title Other (specify below) |  |  |                |  |  |
| 5677 AIRLINE ROAD  |                                |        | 05/17/2007  |  |   |   |   | VP, General Counsel & Secty  |  |                |  |  |
|  | 4. If Amendment, Date Original |        |   |  |   | 6. Individual or Joint/Group Filing(Check |   |  |  |                |  |  |
| Filed(N ARLINGTON, TN 38002  |                                |        |   | th/Day/Year)                           |   |   |   | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting                      |  |                |  |  |
| AKLINGIC   | JIN, 11N 38002                 |        |   |  |   |   |   | Person   |  |                |  |  |
| (City)   | (State)                        | Zip)   | Table   | e I - Non-D                            | erivative S   | Securi                                    | ties Ac   | quired, Disposed   | of, or Beneficia   | lly Owned      |  |  |
| 1.Title of<br>Security<br>(Instr. 3)   | any                            |        | med<br>on Date, if<br>Day/Year)   | 3.<br>Transactic<br>Code<br>(Instr. 8) | CransactionAcquired (A) or Code Disposed of (D) Instr. 8) (Instr. 3, 4 and 5)  (A) or |   |   | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4) |                |  |  |
| Common<br>Stock  | 05/17/2007                     |        |   | A                                      | 7,500   | A   | \$0   | 8,515  | D  |                |  |  |
| Common<br>Stock  |                                |        |   |  |   |   |   | 150  | I  | By Spouse      |  |  |
| Common<br>Stock  |                                |        |   |  |   |   |   | 100  | I  | By<br>Daughter |  |  |
| Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.  Persons who respond to the collection of SEC 1474 |                                |        |   |  |   |   |   |  |  |                |  |  |

information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control

## Edgar Filing: WRIGHT MEDICAL GROUP INC - Form 4

#### number.

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

| 1. Title of | 2.          | 3. Transaction Date | 3A. Deemed         | 4.                | 5.         | 6. Date Exer    | cisable and | 7. Titl | le and   | 8. Price of | 9. Nu  |
|-------------|-------------|---------------------|--------------------|-------------------|------------|-----------------|-------------|---------|----------|-------------|--------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | TransactionNumber |            | Expiration Date |             | Amou    | int of   | Derivative  | Deriv  |
| Security    | or Exercise |                     | any                | Code              | of         | (Month/Day      | /Year)      | Under   | lying    | Security    | Secui  |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8)        | Derivativ  | re              |             | Secur   | ities    | (Instr. 5)  | Bene   |
|             | Derivative  |                     |                    |                   | Securities | S               |             | (Instr. | 3 and 4) |             | Own    |
|             | Security    |                     |                    |                   | Acquired   |                 |             |         |          |             | Follo  |
|             |             |                     |                    |                   | (A) or     |                 |             |         |          |             | Repo   |
|             |             |                     |                    |                   | Disposed   |                 |             |         |          |             | Trans  |
|             |             |                     |                    |                   | of (D)     |                 |             |         |          |             | (Instr |
|             |             |                     |                    |                   | (Instr. 3, |                 |             |         |          |             |        |
|             |             |                     |                    |                   | 4, and 5)  |                 |             |         |          |             |        |
|             |             |                     |                    |                   |            |                 |             |         |          |             |        |
|             |             |                     |                    |                   |            |                 |             |         | Amount   |             |        |
|             |             |                     |                    |                   |            | Date            | Expiration  | m: 1    | or       |             |        |
|             |             |                     |                    |                   |            | Exercisable     | Date        | Title   | Number   |             |        |
|             |             |                     |                    | ~                 |            |                 |             |         | of       |             |        |
|             |             |                     |                    | Code V            | (A) (D)    |                 |             |         | Shares   |             |        |

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

HOOD JASON P 5677 AIRLINE ROAD ARLINGTON, TN 38002

VP, General Counsel & Secty

## **Signatures**

/s/ Beverly Sanders Gates, per Power of Attorney for Jason P. Hood

05/21/2007

\*\*Signature of Reporting Person

Date

# **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).

### **Remarks:**

A Power of Attorney is attached to this report.

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.

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