

WRIGHT MEDICAL GROUP INC  
 Form 3  
 May 21, 2007

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF 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 * Â Kusters Paul R (Last) (First) (Middle)  5677 AIRLINE ROAD (Street)  ARLINGTON,Â TNÂ 38002 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 05/17/2007	3. Issuer Name and Ticker or Trading Symbol WRIGHT MEDICAL GROUP INC [WMGI]	4. Relationship of Reporting Person(s) to Issuer  (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) Pres-Europe, Mid East, Africa	5. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
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**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	7,253	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable      Expiration Date	Title      Amount or Number of			

				Shares		(I) (Instr. 5)	
Employee Stock Option (right to buy)	Â (1)	05/19/2015	Common Stock	70,000	\$ 25.5	D	Â
Employee Stock Option (right to buy)	Â (2)	04/04/2016	Common Stock	14,000	\$ 19.52	D	Â
Employee Stock Option (right to buy)	Â (3)	12/04/2016	Common Stock	60,000	\$ 23.37	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Kosters Paul R 5677 AIRLINE ROAD ARLINGTON, TN 38002	Â	Â	Â Pres-Europe, Mid East, Africa	Â

## Signatures

/s/ Beverly Sanders Gates, per Power of Attorney for Paul R.  
Kosters

05/21/2007

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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 stock option is currently vested and exercisable with respect to 35,000 shares and will vest and become exercisable with respect to 17,500 shares on 05/19/2008 and 17,500 shares on 05/19/2009.
- (2) The stock option is currently vested and exercisable with respect to 3,500 shares and will vest and become exercisable with respect to 3,500 shares on 04/04/2008, 3,500 shares on 04/04/2009 and 3,500 shares on 04/04/2010.
- (3) The stock option vests and becomes exercisable in four equal annual installments beginning on 07/01/2007.

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### Remarks:

AA 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.