Edgar Filing: WRIGHT MEDICAL GROUP INC - Form 4

	Lugari							
WRIGHT M Form 4 July 07, 2009	EDICAL GROUP INC							
FORM	14					OMB AF	PPROVAL	
Washington, D.C. 20549							3235-0287	
Check this box if no longer subject to Section 16. Form 4 or							January 31, 2005 Iverage rs per 0.5	
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations may continue. See Instruction Form 5 obligations May continue. See Instruction Form 5 obligations May continue. See Instruction See Instructio								
(Print or Type I	Responses)							
1. Name and Address of Reporting Person * Kosters Paul R2. Issuer Name and Ticker or Trading Symbol5. Relationship of Issuer						Reporting Person(s) to		
	WRIGHT MEDI [WMGI]	CAL GR	OUP INC	(Check all applicable)				
(Last) 5677 AIRL	3. Date of Earliest Tr (Month/Day/Year) 07/02/2009	ransaction		Director 10% Owner X Officer (give title Other (specify below) below) Pres-Europe,Mid East, Africa				
	(Street)	4. If Amendment, Da Filed(Month/Day/Year	-		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
ARLINGTON, TN 38002 Form filed by More than One Reporting Person								
(City)	(State) (Zip)	Table I - Non-D	Derivative S	Securities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. De (Month/Day/Year) Execut any (Month	ion Date, if Transactio		(A)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect	
		Code V	Amount	or (D) Price	(Instr. 3 and 4)			
Common Stock	07/02/2009	S <u>(1)</u>	800	D \$ 16.21	34,728	D		
Common Stock	07/02/2009	S <u>(1)</u>	156	D \$16.2	34,572	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.

Edgar Filing: WRIGHT MEDICAL GROUP INC - Form 4

 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)	4. Transactio Code (Instr. 8)	5. 6. Date Exercisal orNumber Expiration Date of (Month/Day/Yea Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	7. Title Amour Underl Securit (Instr. 1	nt of ying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(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			
Kosters Paul R 5677 AIRLINE ROAD ARLINGTON, TN 38002			Pres-Europe,Mid Ea	ast, Africa			
Signatures							
/s/ Beverly Sanders Gates, per Kosters	Paul R.	07/07/2009					
**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).

(1) The sale was effected pursuant to a Rule 10b5-1 trading plan adopted on the date of grant of phantom stock units for the purpose of selling shares as necessary to satisfy applicable withholding obligations upon the vesting of phantom stock units.

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.