

WRIGHT MEDICAL GROUP INC
 Form 3
 December 15, 2009

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 *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Berry Lance A		(Month/Day/Year)	WRIGHT MEDICAL GROUP INC [WMGI]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
5677 AIRLINE ROAD			(Check all applicable)	
(Street)			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) Sr. VP & CFO	
ARLINGTON,Â TNÂ 38002			6. Individual or Joint/Group Filing(Check Applicable Line)	
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person	

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	29,311	D	Â

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

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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			

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				Shares		(I) (Instr. 5)	
Employee Stock Option (Right to Buy)	Â (1)	10/23/2013	Common Stock	15,450	\$ 27.3	D	Â
Employee Stock Option (Right to Buy)	Â (2)	03/25/2014	Common Stock	40,000	\$ 30.11	D	Â
Employee Stock Option (Right to Buy)	Â (3)	04/04/2015	Common Stock	50,000	\$ 23.39	D	Â
Employee Stock Option (Right to Buy)	Â (4)	04/04/2016	Common Stock	7,501	\$ 19.52	D	Â
Employee Stock Option (Right to Buy)	Â (5)	05/14/2018	Common Stock	10,000	\$ 29.19	D	Â
Employee Stock Option (Right to Buy)	Â (6)	05/13/2019	Common Stock	6,378	\$ 15.47	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Berry Lance A 5677 AIRLINE ROAD ARLINGTON, TN 38002	Â	Â	Â Sr. VP & CFO	Â

Signatures

/s/ Beverly Sanders Gates, per Power of Attorney for Lance A. Berry 12/15/2009

__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 15,450 shares.
- (2) The stock option is currently vested and exercisable with respect to 40,000 shares.
- (3) The stock option is currently vested and exercisable with respect to 50,000 shares.
- (4) The stock option is currently vested and exercisable with respect to 3,751 shares and will vest and become exercisable with respect to another 3,750 shares on 04/04/2010.
- (5) The stock option is currently vested and exercisable with respect to 2,500 shares and will vest and become exercisable with respect to another 2,500 shares on 05/14/2010, 2,500 shares on 05/14/2011 and 2,500 shares on 05/14/2012.
- (6) The stock option vests and becomes exercisable in four equal annual installments beginning on 05/13/2010.

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Remarks:

Power of Attorney is attached to this Form 3.

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.