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

#### WRIGHT MEDICAL GROUP INC

Form 4

August 04, 2008

### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB Number:

3235-0287

0.5

January 31, Expires:

2005

response...

Estimated average burden hours per

**OMB APPROVAL** 

subject to Section 16. Form 4 or Form 5 obligations

Check this box

if no longer

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

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 Responses)

| 1. Name and Address of Reporting Person * TREACE JAMES T |   |              | 2. Issuer Name and Ticker or Trading Symbol WRIGHT MEDICAL GROUP INC [WMGI] |              |                                       |                  | 5. Relationship of Reporting Person(s) to Issuer  (Check all applicable) |   |  |                           |  |
|--|---|--------------|---|--------------|---------------------------------------|------------------|--|---|--|---------------------------|--|
| (Last)   |   | Middle)      | 3. Date of Earliest Transaction (Month/Day/Year) 08/01/2008                 |              |                                       |                  | _X_ Director 10% Owner Officer (give title below) Other (specify below)  |   |  |                           |  |
| PONTE VE   | (Street)                                |              | 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 Form filed by More than One Reporting |  |                           |  |
| (City)   | (State)                                 | (Zip)        | Tabl  | le I - Non-Γ | erivative :                           | Securi           | ties Aca   | Person uired, Disposed of   | f. or Reneficial   | lv Owned                  |  |
| 1.Title of<br>Security<br>(Instr. 3)                     | 2. Transaction Date<br>(Month/Day/Year) | Executio any | med   | 3.           | 4. Securit on(A) or Dir (Instr. 3, 4) | ies Ac<br>sposed | quired of (D)  | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4)                      | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect     |  |
| Common<br>Stock  | 08/01/2008                              |              |   | S            | 45,000                                | D                | \$ 31.51 (1)   | 7,560   | D  |                           |  |
| Common<br>Stock  |   |              |   |              |                                       |                  |  | 90  | I  | By Wife                   |  |
| Common<br>Stock  |   |              |   |              |                                       |                  |  | 18,622  | I  | By J & A<br>Group,<br>LLC |  |

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)

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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 | 2.          | 3. Transaction Date | 3A. Deemed         | 4.          | 5.         | 6. Date Exerc | cisable and | 7. Title | e and    | 8. Price of | 9. Nu  |
|-------------|-------------|---------------------|--------------------|-------------|------------|---------------|-------------|----------|----------|-------------|--------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transaction | onNumber   | Expiration D  | ate         | Amou     | nt of    | Derivative  | Deriv  |
| Security    | or Exercise |                     | any                | Code        | of         | (Month/Day/   | Year)       | Underl   | lying    | Security    | Secui  |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8)  | Derivative | e             |             | Securit  | ties     | (Instr. 5)  | Bene   |
|             | Derivative  |                     |                    |             | Securities |               |             | (Instr.  | 3 and 4) |             | Own    |
|             | Security    |                     |                    |             | Acquired   |               |             |          |          |             | Follo  |
|             |             |                     |                    |             | (A) or     |               |             |          |          |             | Repo   |
|             |             |                     |                    |             | Disposed   |               |             |          |          |             | Trans  |
|             |             |                     |                    |             | of (D)     |               |             |          |          |             | (Instr |
|             |             |                     |                    |             | (Instr. 3, |               |             |          |          |             |        |
|             |             |                     |                    |             | 4, and 5)  |               |             |          |          |             |        |
|             |             |                     |                    |             |            |               |             |          |          |             |        |
|             |             |                     |                    |             |            |               |             |          | Amount   |             |        |
|             |             |                     |                    |             |            | Date          | Expiration  |          | or       |             |        |
|             |             |                     |                    |             |            | Exercisable   | Date        | Title    | Number   |             |        |
|             |             |                     |                    | ~           |            |               |             |          | of       |             |        |
|             |             |                     |                    | Code V      | (A) (D)    |               |             |          | Shares   |             |        |

### **Reporting Owners**

| Reporting Owner Name / Address | Relationships |           |               |  |  |  |  |
|--------------------------------|---------------|-----------|---------------|--|--|--|--|
|                                | Director      | 10% Owner | Officer Other |  |  |  |  |
| TREACE JAMES T                 |               |           |               |  |  |  |  |
| 117 BRISTOL PLACE              | X             |           |               |  |  |  |  |
| PONTE VERDA, FL 32082          |               |           |               |  |  |  |  |

## **Signatures**

/s/ Beverly Sanders Gates, per Power of Attorney for James T.

Treace

08/04/2008

\*\*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).
- The reported price is the weighted-average sale price per share for 62 transactions in which the sale prices ranged from \$31.17 to \$31.83 (1) per share. The reporting person undertakes to provide full information regarding the number of shares sold at each separate price point upon request of the Securities and Exchange Commission staff, issuer, or a stockholder of issuer.

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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