

Sproat David P  
Form 4  
June 22, 2007

**FORM 4**

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

OMB APPROVAL

OMB Number: 3235-0287  
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**STATEMENT OF CHANGES IN 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 \*  
Sproat David P

2. Issuer Name and Ticker or Trading Symbol  
PATTERSON COMPANIES, INC.  
[PDCO]

5. Relationship of Reporting Person(s) to Issuer  
  
(Check all applicable)  
  
 Director  10% Owner  
 Officer (give title below)  Other (specify below)  
President, Subsidiary

(Last) (First) (Middle)  
PATTERSON MEDICAL SUPPLY, INC., 1000 REMINGTON BLVD, SUITE 210

3. Date of Earliest Transaction (Month/Day/Year)  
06/22/2007

(Street)  
BOLINGBROOK, IL 60440

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

(City) (State) (Zip)

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
				(A) or (D)	Price		
			Code	V	Amount	(D)	Price
Common Stock	06/22/2007		S		1,000	D	\$ 37.42
					14,944	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 1474 (9-02)

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

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)
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						Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Options	(1)					(2)	(3)	Common Stock	36,784

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Sproat David P PATTERSON MEDICAL SUPPLY, INC. 1000 REMINGTON BLVD, SUITE 210 BOLINGBROOK, IL 60440			President, Subsidiary	

## Signatures

Matthew L. Levitt, by Power of Attorney  
Date: 06/22/2007

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).
- (1) Options granted as follows: 13,308 on 2/10/1999 at \$10.1407; 4,488 on 5/01/2000 at \$12.1875; 3,758 on 4/30/2001 at \$15.28; 2,690 on 4/29/2002 at \$22.57; 3,194 on 4/28/2003 at \$19.965; 1,738 on 4/26/2004 at \$38.50; and 7,608 on 7/1/2004 at \$37.30.
- (2) Options for 36,784 shares are exercisable as follows: 4,436 shares on 2/10/2006, 2/10/2007 and 2/10/2008; 4,488 shares on 4/30/2009; 3,758 shares on 4/29/2010; 2,690 shares on 4/29/2011; 3,194 shares on 4/27/2012; 1,738 shares on 4/26/2013; 1,388 shares on 7/1/2007 and 7/1/2008; 1,128 shares on 7/1/2009; 1,054 shares on 7/1/2010; 966 shares on 7/1/2011; 884 shares on 7/1/2012; and 800 shares on 7/1/2013.
- (3) All options expire 10 years after grant date.

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.