Edgar Filing: STRYKER CORP - Form 4

STRYKER Form 4	CORP												
June 15, 20	16												
FORM	Л 4			DITI	70						PPROVAL		
	UNITED	STATES SI				AND E2 n, D.C. 2			OMMISSION	OMB Number:	3235-0287		
Check t if no lou subject Section Form 4 Form 5	nger to STATE 16. or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Expires: January 3 200 Estimated average burden hours per response 0			
Form 5 obligations may continue. See Instruction 1(b). 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)												
	Address of Reporting R RONDA E	Sy	mbol			nd Ticker		ding	5. Relationship of I Issuer	Reporting Per	son(s) to		
(Last)	(First)					Transactio	-		(Check	all applicable	e)		
				n/Day/Year) /2016					X_ Director 10% Owner Officer (give title Other (specify below) below)				
				-					6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person				
KALAMA	ZOO, MI 49002								Form filed by Me Person	ore than One Ro	eporting		
(City)	(State)	(Zip)	Tab	ole I - N	lon	-Derivativ	e Sec	urities Acq	uired, Disposed of,	or Beneficia	lly Owned		
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired (A) Transaction Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)				(D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
				Code	v	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)			
Common Stock	06/14/2016			S <u>(1)</u>	•	6,000	D	\$ 114.9448	³ 7,920,233	I	By Revocable Trust		
Common Stock	06/15/2016			S <u>(1)</u>		6,000	D	\$ 114.0894	7,914,233	I	By Revocable Trust		
Common Stock									193,142	D			
Common Stock									40,000	Ι	By Husband		
Common									16,534,847	Ι	By L. Lee		

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								Trus	st		
Reminder: R	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.						
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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr	
								Amount			
						Date	Expiration	or			

			Date	Expiration		or
			Exercisable	Expiration Date	Title	Number
			Exclusable	Date		of
Code V	(A)	(D)				Shares

Reporting Owners

Reporting Owner Name / Address	Relationships							
in porting of their round (round too	Director	10% Owner	Officer	Other				
STRYKER RONDA E 2825 AIRVIEW BLVD. KALAMAZOO, MI 49002	Х							
Signatures								
Lauren E. Keller, attorney-in-fa Stryker		06/15/2016						
**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 sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on May 7, 2015.

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.

Stryker