ST JUDE MEDICAL INC

Form 4

February 05, 2015

FORM 4

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

OMB Number: 3235-0287

OMB APPROVAL

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Expires: January 31, 2005

Section 16. Form 4 or Form 5 obligations SECURITIES

Estimated average burden hours per response... 0.5

may continue.

See Instruction

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

e Instruction 30(II) of the Investment Col

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Zellers Jason	2. Issuer Name and Ticker or Trading Symbol ST JUDE MEDICAL INC [STJ]	5. Relationship of Reporting Person(s) to Issuer		
(Last) (First) (Middle)	3. Date of Earliest Transaction	(Check all applicable)		
	(Month/Day/Year)	Director 10% Owner		
ONE ST. JUDE MEDICAL DRIVE	02/03/2015	X Officer (give title Other (specify below) VP, General Counsel & Corp Sec		
(Street)	4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
ST. PAUL, MN 55117	Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting		
51.1710E, WIN 55117		Person		

(City)	(State)	(Zip) Tabl	e I - Non-D	erivative	Secur	rities Acq	uired, Disposed o	f, or Beneficial	ly 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)	on(A) or D	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		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 Indirect Beneficial Ownership (Instr. 4)
Common Stock	02/03/2015		M	900	A	\$ 38.59	9,991	D	
Common Stock	02/03/2015		S	900	D	\$ 67.5	9,091	D	
Common Stock							792 <u>(1)</u>	I	By spouse

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

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number.

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. Number		6. Date Exercisable and		7. Title and Amount of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if			Expiration Date		Underlying Securities	
Security	or Exercise		any	Code	Derivative	* /		(Instr. 3 and 4)	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Securities				
	Derivative				Acquired				
	Security				(A) or				
				Disposed					
				of (D)					
					(Instr. 3, 4,				
					and 5)				
									Amount
							Expiration		or
						Date Exercisable	Date	Title	Number
							2		of
				Code V	(A) (D)				Shares
Stock									
								Common	
Options	\$ 38.59	02/03/2015		M	900	12/14/2010(2)	12/14/2017	Common	4,500
(Right to						_		Stock	
Buy)									

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Zellers Jason

ONE ST. JUDE MEDICAL DRIVE

ST. PAUL, MN 55117

VP, General Counsel & Corp Sec

Signatures

/s/ Kashif Rashid, Attorney in Fact

02/05/2015

**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 reporting person disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that the reporting person is the beneficial owner of the securities for purposes of Section 16 or for any other purpose.
- (2) Fully vested at the time of filing.

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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