#### Edgar Filing: STEVERSON LEWIS A - Form 4

STEVERSO	N LEWIS A											
Form 4												
May 09, 201	1											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL				
	UNITH	ED STATE		ITIES A hington,			NGE C	OMMISSION	OMB Number:	3235-0287		
Check th				8 /					Expires:	January 31,		
if no long		EMENT O	F CHAN	GES IN I	BENEFI	<b>CIA</b>	LOW	NERSHIP OF		2005		
subject to STATEMENT OF CHAIN Section 16.				SECURITIES					Estimated average burden hours per			
Form 4 o									response 0.5			
Form 5	Filed	pursuant to	Section 10	6(a) of the	e Securit	ies E	xchange	e Act of 1934,				
obligation	ns Section	-					-	1935 or Section	n			
may cont See Instru		30(h)	) of the In	vestment	Compan	y Act	t of 194	0				
1(b).												
(Print or Type I	Responses)											
1 Name and A	ddress of Report	ing Person *	2 1	N	T: -1	T J		5. Relationship of	Reporting Pers	on(s) to		
1. Name and Address of Reporting Person <u>*</u> STEVERSON LEWIS A				2. Issuer Name <b>and</b> Ticker or Trading Symbol Motorola Solutions, Inc. [MSI]					Issuer			
						wibij		(Check all applicable)				
(Last)	(First)	(Middle)		Earliest Tra	ansaction			Dimenter	100	0		
1303 F AL	GONOLIIN R			1th/Day/Year)				Director 10% Owner X Officer (give title Other (specify				
1303 E. ALGONQUIN ROAD 0			03/03/20	05/05/2011				below) below)				
								SVP, Gene	ral Counsel and	d Sec.		
(Street)			4. If Amer	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Mc				d(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
									One Reporting Pe Iore than One Re			
SCHAUMB	SURG, IL 601	96						Person		portung		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Securi	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction	Date 2A. De	emed	3.	4. Securi	ties A	cquired	5. Amount of	6.	7. Nature of		
Security	(Month/Day/Y	Month/Day/Year) Execution Date, i							Ownership	Indirect		
(Instr. 3) any			Code (Instr. 3, 4 and 5)					Beneficially	Form: Direct			
		(Month	/Day/Year)	(Instr. 8)				Owned Following	(D) or Indirect (I)	Ownership (Instr. 4)		
								Reported	(Instr. 4)	(mouter)		
						(A) or		Transaction(s)				
				Code V	Amount		Price	(Instr. 3 and 4)				
Motorola												
Solutions,							¢					
Inc	05/05/2011			F	249	D	ф 45-20	33,245	D			
Common							45.52					
Stock												

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.

#### Edgar Filing: STEVERSON LEWIS A - Form 4

 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)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
STEVERSON LEWIS A 1303 E. ALGONQUIN ROAD SCHAUMBURG, IL 60196			SVP, General Counsel and Sec.				

### Signatures

Kristin L. Kruska on behalf of Lewis A. Steverson, Senior Vice President, General Counsel and Secretary (Power of Attorney On File) 05/09/2011

<u>\*\*</u>Signature of Reporting Person

# **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).

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.

Date