Edgar Filing: STRYKER CORP - Form 4

STRYKER O	CORP											
Form 4												
January 10, 2	2017											
FORM	14								OMB AF	PROVAL		
	UNITED	STATES		AITIES Al Shington,			NGE C	OMMISSION	OMB Number:	3235-0287		
Check this box if no longer CTLATED (ENTROP CHANGES IN DEDUCTAL ON DEDCHID							Expires: January 31					
subject to		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHI					NERSHIP OF	Explices. 2005 Estimated average				
Section 1	6.	SECURITIES						burden hours per				
Form 4 or Form 5									response	0.5		
obligation							-	e Act of 1934,				
may cont	inue. Section 170							1935 or Section	1			
See Instru	uction	30(n) (of the In	vestment	Compan	у Ас	ι 01 194	0				
1(b).												
(Print or Type F	Responses)											
· • • •												
1. Name and A	ddress of Reporting	Person [*]	2. Issuer	Name and	Ticker or	Tradi	ng	5. Relationship of	Reporting Person(s) to			
COX HOWARD E JR Symbol				C				Issuer				
				XER CORP [SYK]				(Chaok all applicable)				
(Last) (First) (Middle) 3. Date of				f Earliest Transaction				(Check all applicable)				
2825 AIRVIEW BLVD 01/06/20						_X_ Director	10%	Owner				
				•				Officer (give title Other (specify below)				
								below) below)				
				endment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Mon				nth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
KAI AMAZ	200, MI 49002							Form filed by M				
	200, MI 49002							Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Dat	e 2A. Deem	ed	3.	4. Securit	ties A	cquired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution	Date, if	Transactio				Securities	Form: Direct			
(Instr. 3)		any (Month/Da	ou/Voor)	Code (Instr. 3, 4 and 5) (Instr. 8)				~	· /	Beneficial Ownership		
		(WOIIII/D)	ay/1cal)	(msu. 8)				Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported	· /			
						(A) or		Transaction(s)				
				Code V	Amount		Price	(Instr. 3 and 4)				
Common	01/06/2017			М	7,700	А	\$	562,432	D			
Stock					.,		62.65		_			

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)

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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)	Code	Transaction of Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 1 2 ()
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option granted 2/14/2007 (right to buy)	\$ 62.65	01/06/2017		М		7,700	<u>(1)</u>	02/13/2017	Common Stock	7,700	

Reporting Owners

Reporting Owner Name / Address		Relationsh	ips					
	Director	10% Owner	Officer	Other				
COX HOWARD E JR								
2825 AIRVIEW BLVD	Х							
KALAMAZOO, MI 49002								
Signatures								
Lauren E. Keller, attorney-in-fa Cox, Jr.	oward E.		01/10/2017					
<u>**</u> Signature of Reportin			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) Stock option granted pursuant to the Stryker Corporation 1998 Stock Option Plan, exercisable as to 20% on each of the first five anniversaries of the date of grant.

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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