Sproat David P Form 4 May 04, 2009

FORM 4

OMB APPROVAL

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

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

January 31, Expires: 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response... 0.5

Form 4 or Form 5 obligations 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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading Sproat David P

(Zip)

5. Relationship of Reporting Person(s) to Issuer

Symbol

PATTERSON COMPANIES, INC.

(Check all applicable)

[PDCO]

(Last) (First) (Middle) 3. Date of Earliest Transaction

10% Owner Director X_ Officer (give title Other (specify

(Month/Day/Year)

05/01/2009

President, Subsidiary

PATTERSON MEDICAL SUPPLY. INC., 1000 REMINGTON BLVD,

(Street)

(State)

SUITE 210

(City)

4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year)

Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting

below)

BOLINGBROOK, IL 60440

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

1.Title of 2. Transaction Date 2A. Deemed 3. 6. Ownership 7. Nature of 4. Securities Acquired 5. Amount of Form: Direct Indirect Security (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of (D) Securities (Instr. 3) Code (Instr. 3, 4 and 5) Beneficially Beneficial (D) or (Month/Day/Year) (Instr. 8) Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4) Reported (A) Transaction(s) or (Instr. 3 and 4) Amount (D) Price Code V Common 05/01/2009 $F^{(1)}$ 336 34,214 D D

20 43 Stock

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

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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. Transactic Code (Instr. 8)	5. orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	.	ate	7. Title and A Underlying S (Instr. 3 and	Securities	8. Price of Derivativ Security (Instr. 5)
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Employee Stock Options	<u>(2)</u>					(3)	<u>(4)</u>	Common Stock	23,476	

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

05/04/2009

**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) Shares withheld for taxes incurred upon lapse of restrictions on restricted stock issued pursuant to the Patterson Companies, Inc. Equity Incentive Plan.
- Options granted as follows: 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.
- Options for 23,476 shares are exercisable as follows: 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.
- (4) 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.

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