

WRIGHT MEDICAL GROUP INC
 Form 3
 May 21, 2007

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Kusters Paul R		(Month/Day/Year)	WRIGHT MEDICAL GROUP INC [WMGI]	
(Last)	(First)	(Middle)	05/17/2007	
5677 AIRLINE ROAD			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
ARLINGTON,Â TNÂ 38002			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Form filed by One Reporting Person
			(give title below) (specify below)	<input type="checkbox"/> Form filed by More than One Reporting Person
			Pres-Europe, Mid East, Africa	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	7,253	D	Â

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

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	

				Shares		(I) (Instr. 5)	
Employee Stock Option (right to buy)	Â (1)	05/19/2015	Common Stock	70,000	\$ 25.5	D	Â
Employee Stock Option (right to buy)	Â (2)	04/04/2016	Common Stock	14,000	\$ 19.52	D	Â
Employee Stock Option (right to buy)	Â (3)	12/04/2016	Common Stock	60,000	\$ 23.37	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Kosters Paul R 5677 AIRLINE ROAD ARLINGTON, TN 38002	Â	Â	Â Pres-Europe, Mid East, Africa	Â

Signatures

/s/ Beverly Sanders Gates, per Power of Attorney for Paul R.
Kosters

05/21/2007

__Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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 stock option is currently vested and exercisable with respect to 35,000 shares and will vest and become exercisable with respect to 17,500 shares on 05/19/2008 and 17,500 shares on 05/19/2009.
- (2) The stock option is currently vested and exercisable with respect to 3,500 shares and will vest and become exercisable with respect to 3,500 shares on 04/04/2008, 3,500 shares on 04/04/2009 and 3,500 shares on 04/04/2010.
- (3) The stock option vests and becomes exercisable in four equal annual installments beginning on 07/01/2007.

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Remarks:

AA Power of Attorney is attached to this report.

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.