

McAllister Thomas L.  
Form 3  
May 12, 2011

**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 <b>and</b> Ticker or Trading Symbol	
Â McAllister Thomas L.		(Month/Day/Year)	WRIGHT MEDICAL GROUP INC [WMGI]	
(Last)	(First)	(Middle)	05/11/2011	
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
			Interim Gen. Counsel and Secty	

**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	13,535	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	

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				Shares		(I) (Instr. 5)	
Employee Stock Option (right to buy)	Â (1)	03/25/2013	Common Stock	375	\$ 16.59	D	Â
Employee Stock Option (right to buy)	Â (2)	10/23/2013	Common Stock	8,850	\$ 27.3	D	Â
Employee Stock Option (right to buy)	Â (3)	03/25/2014	Common Stock	4,200	\$ 30.11	D	Â
Employee Stock Option (right to buy)	Â (4)	04/04/2015	Common Stock	17,500	\$ 23.39	D	Â
Employee Stock Option (right to buy)	Â (5)	08/04/2015	Common Stock	5,000	\$ 25.6	D	Â
Employee Stock Option (right to buy)	Â (6)	04/04/2016	Common Stock	800	\$ 19.52	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
McAllister Thomas L. 5677 AIRLINE ROAD ARLINGTON, TN 38002	Â	Â	Â Interim Gen. Counsel and Secty	Â

## Signatures

/s/ J. Daniel Huffines, per Power of Attorney for Thomas L.  
McAllister

05/12/2011

\_\_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) This stock option is currently vested and exercisable with respect to 375 shares.
- (2) This stock option is currently vested and exercisable with respect to 8,850 shares.
- (3) This stock option is currently vested and exercisable with respect to 4,200 shares.
- (4) This stock option is currently vested and exercisable with respect to 17,500 shares.
- (5) This stock option is currently vested and exercisable with respect to 5,000 shares.
- (6) This stock option is currently vested and exercisable with respect to 800 shares.

Â

### Remarks:

Power of Attorney is attached to this Form 3.

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.