

Michels Lisa 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)

<p>1. Name and Address of Reporting Person *</p> <p>Â Michels Lisa L</p> <p>(Last) (First) (Middle)</p> <p>5677 AIRLINE ROAD</p> <p>(Street)</p> <p>ARLINGTON,Â TNÂ 38002</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>05/11/2011</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>WRIGHT MEDICAL GROUP INC [WMGI]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner</p> <p><input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other</p> <p>(give title below) (specify below)</p> <p>VP & Chief Compliance Officer</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person</p> <p><input type="checkbox"/> Form filed by More than One Reporting Person</p>
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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	18,809	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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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)	12/08/2018	Common Stock	50,000	\$ 16.15	D	Â
Employee Stock Option (right to buy)	Â (2)	05/13/2019	Common Stock	6,024	\$ 15.47	D	Â
Employee Stock Option (right to buy)	Â (3)	05/13/2020	Common Stock	4,960	\$ 18.37	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Michels Lisa L 5677 AIRLINE ROAD ARLINGTON, TN 38002	Â	Â	Â VP & Chief Compliance Officer	Â

Signatures

/s/ J. Daniel Huffines, per Power of Attorney for Lisa L.
Michels

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 25,000 shares and will vest and become exercisable with respect to 12,500 shares on 12/08/2011 and 12,500 shares on 12/08/2012.
 - (2) This stock option is currently vested and exercisable with respect to 1,506 shares and will vest and become exercisable with respect to 1,506 shares on 05/13/2011, 1,506 shares on 05/13/2012, and 1,506 shares on 05/13/2013.
 - (3) This stock option will vest and become exercisable in four equal annual installments beginning on 05/13/2011.

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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.