

BURKE ZANE M
Form 3
May 02, 2011

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

OMB APPROVAL
OMB Number: 3235-0104
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

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 BURKE ZANE M			(Month/Day/Year)	CERNER CORP /MO/ [CERN]	
(Last)	(First)	(Middle)	04/22/2011	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
2800 ROCKCREEK PARKWAY				(Check all applicable)	
(Street)				<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
NORTH KANSAS CITY,Â MOÂ 64117				<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
(City)	(State)	(Zip)		(give title below)	(specify below)
				Executive Vice President	6. Individual or Joint/Group Filing(Check Applicable Line)
					<input checked="" type="checkbox"/> Form filed by One Reporting Person
					<input type="checkbox"/> Form filed by More than One Reporting Person

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	826.717	I	by ASPP account
Common Stock	3,015.855	I	by 401(k) Plan
Common Stock	0	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	4. Conversion	5. Ownership	6. Nature of Indirect Beneficial
--	--	--	---------------	--------------	----------------------------------

Edgar Filing: BURKE ZANE M - Form 3

	Date Exercisable	Expiration Date	Derivative Security (Instr. 4) Title	Amount or Number of Shares	or Exercise Price of Derivative Security	Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	Ownership (Instr. 5)
Non-Qualified Stock Option (right to buy)	10/05/2007	10/01/2023	Common Stock	400	\$ 11	D	Â
Non-Qualified Stock Option (right to buy)	10/10/2007	10/10/2022	Common Stock	220	\$ 13	D	Â
Non-Qualified Stock Option (right to buy)	05/03/2012	05/03/2020	Common Stock	7,500	\$ 86.7	D	Â
Non-Qualified Stock Option (right to buy)	05/01/2011	05/01/2019	Common Stock	15,000	\$ 52.68	D	Â
Non-Qualified Stock Option (right to buy)	04/25/2010	04/25/2018	Common Stock	20,000	\$ 46.32	D	Â
Non-Qualified Stock Option (right to buy)	04/24/2009	04/24/2017	Common Stock	20,000	\$ 54.61	D	Â
Non-Qualified Stock Option (right to buy)	04/25/2011	04/25/2016	Common Stock	4,000	\$ 40.84	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
BURKE ZANE M 2800 ROCKCREEK PARKWAY NORTH KANSAS CITY, MO 64117	Â	Â	Â Executive Vice President	Â

Signatures

/s/Tanya Wilson, by Power of Attorney
05/02/2011

**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).

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.