## Edgar Filing: Sproat David P - Form 4

Form 4											
June 27, 2011											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								r	OMB APPROVAL		
		Washington, D.C. 20549					OMB Number:	3235-0287			
Check this bo if no longer									Expires:	January 31, 2005	
subject to Section 16. Form 4 or	F CHANGES IN BENEFICIAL OW SECURITIES						Estimated a burden hou response	average rs per			
Form 5 obligations may continue <i>See</i> Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, e. Section 17(a) of the Public Utility Holding Company Act of 1935 or Section										
(Print or Type Resp	oonses)										
Sproat David P Symbol PATTE			Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
			PATTER [PDCO]	RSON CO	MPANI	ES, I	NC.	(Check all applicable)			
(Last)	(First) (Mi	iddle)	3. Date of Earliest Transaction (Month/Day/Year)			Director X Officer (give		Owner er (specify			
PATTERSON I INC., 1000 REI SUITE 210			06/27/20	-				below) Presi	below) dent, Subsidiar	y	
(Street) 4. If Amen				endment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(Mont BOLINGBROOK, IL 60440				th/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
(City)		Zip)						Person			
(City)	(State) (Z	51P)	Table	I - Non-De			ties Ac	quired, Disposed o		•	
	. Transaction Date Month/Day/Year)	Execution any		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or			)	SecuritiesHBeneficially(OwnedHFollowing(ReportedTransaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Commen				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common 00 Stock 00	6/27/2011			A <u>(1)</u>	1,243	А	\$0	69,002	D		

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

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 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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	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)	(4)	Common Stock	15,230	

## **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 I. Lewitt by Power of							

Matthew L. Levitt, by Power of	
Attorney	06/27/2011
**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 allocated to Reporting Person pursuant to the Patterson Companies, Inc. Employee Stock Ownership Plan.
- (2) Options granted as follows: 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 are exercisable as follows: 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 (3) 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 grants 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.