

Carpenter Lonny J
 Form 3
 December 09, 2008

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 Carpenter Lonny J | | (Month/Day/Year) | STRYKER CORP [SYK] | |
| (Last) | (First) | (Middle) | 4. Relationship of Reporting Person(s) to Issuer | 5. If Amendment, Date Original Filed(Month/Day/Year) |
| | | 12/01/2008 | | |
| 2825 AIRVIEW BLVD. | | | (Check all applicable) | 6. Individual or Joint/Group Filing(Check Applicable Line) |
| (Street) | | | <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner | <input checked="" type="checkbox"/> Form filed by One Reporting Person |
| | | | <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other | <input type="checkbox"/> Form filed by More than One Reporting Person |
| | | | (give title below) (specify below) | |
| | | | Group President | |
| KALAMAZOO,Â MIÂ | 49002 | | | |
| (City) | (State) | (Zip) | | |

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 | 13,193 | D | Â |
| Common Stock | 1,667 | I | By 401k |

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 | 5. Ownership Form of Derivative Security: | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|--|--|---|---|---|---|
|--|--|---|---|---|---|

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| | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | Security | Direct (D) or Indirect (I) (Instr. 5) | |
|--------------|------------------|-----------------|--------------|----------------------------|----------|---------------------------------------|---|
| Common Stock | Â <u>(1)</u> | 04/28/2012 | Common Stock | 20,000 | \$ 26.4 | D | Â |
| Common Stock | Â <u>(1)</u> | 10/13/2013 | Common Stock | 16,000 | \$ 38.83 | D | Â |
| Common Stock | Â <u>(1)</u> | 03/04/2014 | Common Stock | 14,000 | \$ 45.21 | D | Â |
| Common Stock | Â <u>(1)</u> | 04/21/2015 | Common Stock | 15,000 | \$ 48.27 | D | Â |
| Common Stock | Â <u>(1)</u> | 02/06/2016 | Common Stock | 16,500 | \$ 46.85 | D | Â |
| Common Stock | Â <u>(1)</u> | 02/13/2017 | Common Stock | 18,000 | \$ 62.65 | D | Â |
| Common Stock | Â <u>(1)</u> | 02/11/2018 | Common Stock | 22,000 | \$ 67.8 | D | Â |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|--|---------------|-----------|-------------------|-------|
| | Director | 10% Owner | Officer | Other |
| Carpenter Lonny J 2825 AIRVIEW BLVD. KALAMAZOO, MI 49002 | Â | Â | Â Group President | Â |

Signatures

Lonny J.
Carpenter

12/09/2008

 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) Employee stock option granted pursuant to the Stryker Corporation 1998 Stock Option Plan, exercisable as to 20% on each of the first five anniversaries of the date of grant.

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.