Sproat David P Form 4 June 29, 2012

FORM 4

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

OMB APPROVAL

OMB 3235-0287 Number:

January 31, Expires: 2005

0.5

burden hours per

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Estimated average

response...

if no longer subject to Section 16. Form 4 or Form 5

Check this box

obligations may continue. See Instruction

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

SECURITIES

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Sproat David P

2. Issuer Name and Ticker or Trading Symbol

Issuer

PATTERSON COMPANIES, INC.

(Check all applicable)

President, Subsidiary

[PDCO]

(Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year)

10% Owner Director X_ Officer (give title Other (specify below)

5. Relationship of Reporting Person(s) to

06/29/2012

PATTERSON MEDICAL SUPPLY. INC., 1000 REMINGTON BLVD,

(Street)

SUITE 210

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

X Form filed by One Reporting Person Form filed by More than One Reporting

BOLINGBROOK, IL 60440

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

(Month/Day/Year) Execution Date, if

2. Transaction Date 2A. Deemed

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned Following

Reported

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect (I) (Instr. 4)

Beneficial Ownership (Instr. 4)

(9-02)

(A)

Transaction(s)

(Instr. 3 and 4) Code V Amount (D) Price

Common Stock

06/29/2012

 $A^{(1)}$

636

\$0 72,847 D

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

Persons who respond to the collection of SEC 1474 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)

Edgar Filing: Sproat David P - Form 4

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)		ate		and Amount of 8 ying Securities I 3 and 4) S	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Employee Stock Options	(2)					(3)	<u>(4)</u>	Common Stock	12,540	

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 L. Levitt, by Power of

Attorney 06/29/2012

**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: 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: 3,194 shares on 4/27/2012; 1,738 shares on 4/26/2013; 1,388 shares on 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.

Reporting Owners 2