

Tornier N.V.  
Form 3  
November 06, 2014

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

OMB APPROVAL

OMB Number: 3235-0104  
Expires: January 31, 2015  
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 <b>and</b> Ticker or Trading Symbol	
Â WRIGHT MEDICAL GROUP INC			(Month/Day/Year)	Tornier N.V. [TRNX]	
(Last)	(First)	(Middle)	10/27/2014		
1023 CHERRY ROAD			4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)		
MEMPHIS,Â TNÂ 38117			<input type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input type="checkbox"/> Other (give title below)    (specify below)		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
(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)
Ordinary Shares, par value Euro 0.03 per share	0	I (1) (2)	See footnotes (1) (2)

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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## Edgar Filing: Tornier N.V. - Form 3

Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)
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## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
WRIGHT MEDICAL GROUP INC 1023 CHERRY ROAD MEMPHIS, TN 38117	^	^ X	^	^

## Signatures

/s/ James A. Lightman, James A. Lightman, Senior Vice President, Secretary and General Counsel

11/06/2014

\_\_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) Wright Medical Group, Inc. ("Wright") is reporting beneficial ownership of the ordinary shares of Tornier N.V. ("Tornier") held by TMG Holdings Cooperatief U.A. ("TMG Holdings") solely because Wright holds a limited proxy to vote TMG Holdings' 10,721,809 ordinary shares in favor of the proposed merger between Wright and Tornier pursuant to the Voting and Support Agreement between Wright and TMG Holdings. A copy of the Voting and Support Agreement was filed with Wright's Current Report on Form 8-K on October 27, 2014. Wright may be deemed to be the beneficial owner due to its limited voting rights in the ordinary shares held by TMG Holdings for purposes of Section 13(d) of the Securities Exchange Act of 1934, as amended (the "Exchange Act").

(2) (Continued from footnote 1) Wright does not have any pecuniary interest (as defined in Rule 16a-1(a)(2) of the Exchange Act) in any of the ordinary shares held by TMG Holdings and expressly disclaims any beneficial ownership in the ordinary shares held by TMG Holdings and reported herein. The filing of this Form 3 shall not be construed as an admission that Wright is the beneficial owner of any of the securities reported herein.

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.