

PATTERSON COMPANIES, INC.

Reported by
SCHRIMSHER NEIL A

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 09/20/17 for the Period Ending 09/18/17

Address 1031 MENDOTA HEIGHTS RD
ST PAUL, MN, 55120-1401
Telephone 6516861600
CIK 0000891024
Symbol PDCO
SIC Code 5047 - Wholesale-Medical, Dental and Hospital Equipment and Supplies
Industry Medical Equipment, Supplies & Distribution
Sector Healthcare
Fiscal Year 04/26

FORM 4

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

OMB APPROVAL
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Form 5 obligations may
continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or
Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *		2. Issuer Name and Ticker or Trading Symbol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)	
Schrimsher Neil A		PATTERSON COMPANIES, INC. [PDCO]		<input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner	
(Last) (First) (Middle)		3. Date of Earliest Transaction (MM/DD/YYYY)		<input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)	
1 APPLIED PLAZA, EAST 36TH STREET & EUCLID AVENUE		9/18/2017			
(Street)		4. If Amendment, Date Original Filed (MM/DD/YYYY)		6. Individual or Joint/Group Filing (Check Applicable Line)	
CLEVELAND, OH 44115-5015				<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 Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Trans. Date	2A. Deemed Execution Date, if any	3. Trans. Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	9/18/2017		A	(1)	3058	A	\$37.94	10546	D	

Table II - Derivative Securities Beneficially Owned (e.g. , puts, calls, warrants, options, convertible securities)

1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exercisable and Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V		(A)	(D)	Date Exercisable	Expiration Date				
Director Stock Options	(2)						(3)	(4)	Common Stock	12000		12000	D	

Explanation of Responses:

- Shares of Restricted Stock awarded to Non-Employee Directors as an Annual Grant pursuant to the Patterson Companies, Inc. 2015 Omnibus Incentive Plan.
- Options granted as follows: 12,000 on 3/17/2014 at \$41.55.
- Options exercisable as follows: 4,000 on 3/17/2015, 4,000 on 2/17/2016, 4,000 on 3/17/2017.
- All options expire 10 years after grant date.

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Schrimsher Neil A 1 APPLIED PLAZA EAST 36TH STREET & EUCLID AVENUE CLEVELAND, OH 44115-5015	X			

Signatures

Les B. Korsh, by Power of Attorney

9/20/2017

**Signature of Reporting Person

Date

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

* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.

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.