



## WRIGHT MEDICAL TECHNOLOGY, INC.

### Acknowledgment of Code of Business Conduct

I hereby acknowledge that I have received a copy of the Wright Medical Technology, Inc. (“Wright”) Code of Business Conduct (the “Code”) and that I have read the Code. I agree to comply with the Code (and related policies and procedures adopted by Wright), and understand that compliance with these standards, policies and procedures is a condition of my continued employment or association with Wright. I understand that these documents serve only as guides to possible conflicts of interest and problems of compliance with law and business ethics, and that all conflicts, violations of law or failures to adhere to business ethics are required to be reported to Wright whether or not they are of the type discussed in the Code.

I understand that I am to give immediate notice to Wright if any situation should arise involving a possible, direct or indirect, conflict of interest, and violation of law, the Code or unethical action involving myself or others in the corporation.

At this time I have no personal interests and, to the best of my knowledge and belief, no member of my family has any personal interests, that conflict with the Code and I have not engaged in any activity prohibited by the Code, except as set forth below.

I acknowledge that the Code is a statement of policies for individuals and business conduct and does not, in any way, constitute an employment contract or an assurance of continued employment or employment other than at-will.

---

Signature

---

Date

---

Printed Name

---

Position with Wright/Subsidiary

Disclosures required under Wright policy described above:

---

---

---

---