#### HAIN CELESTIAL GROUP INC

Form 4

February 28, 2008

subject to

Form 5

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** Section 16. Form 4 or

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

may continue. See Instruction

obligations

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

SIMON IRWIN D

(Last) (First) (Middle)

C/O HAIN CELESTIAL GROUP

INC., 58 SOUTH SERVICE ROAD (Street)

MELVILLE, NY 11747 (City) (State) (Zip) 2. Issuer Name and Ticker or Trading

Symbol

HAIN CELESTIAL GROUP INC [HAIN]

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

02/27/2008

4. If Amendment, Date Original

Filed(Month/Day/Year)

\_X\_ Form filed by One Reporting Person

Form filed by More than One Reporting

Issuer

below)

\_X\_\_ Director

Applicable Line)

X\_ Officer (give title

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

1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3)

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code (Instr. 8)

Disposed of (D) (Instr. 3, 4 and 5)

Code V Amount (D) Price

5. Amount of Securities Beneficially Owned Following Reported

Transaction(s)

(Instr. 3 and 4)

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

Ownership (Instr. 4)

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

**OMB** 

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

(Check all applicable)

Pres., CEO & Chairman of Bd

6. Individual or Joint/Group Filing(Check

10% Owner

Other (specify

Estimated average

burden hours per

(A)

or

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 (9-02)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)

1. Title of Derivative Conversion 3. Transaction Date 3A. Deemed

5. Number of (Month/Day/Year) Execution Date, if TransactionDerivative Securities

6. Date Exercisable and **Expiration Date** 

7. Title and Am Underlying Seco

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Security (Instr. 3)	or Exercise Price of Derivative		any (Month/Day/Year)	Code (Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)	
	Security			Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Ai Ni Sh
Stock Option (right to buy) (1)	\$ 26.63	02/27/2008		D		600,000	07/31/2000	07/31/2010	Common Stock	6
Stock Option (right to buy) (1)	\$ 21.4	02/27/2008		D		300,000	07/11/2001	07/11/2011	Common Stock	3
Stock Option (right to buy) (1)	\$ 36.8	02/27/2008		A	600,000		07/31/2000	07/31/2010	Common Stock	6
Stock Option (right to buy) (1)	\$ 25.51	02/27/2008		A	300,000		07/11/2001	07/11/2011	Common Stock	3

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
coporting of the state of state of	Director	10% Owner	Officer	Other			
SIMON IRWIN D C/O HAIN CELESTIAL GROUP INC. 58 SOUTH SERVICE ROAD MELVILLE, NY 11747	X		Pres., CEO & Chairman of Bd				

# **Signatures**

Irwin D. Simon 02/28/2008

\*\*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) The reporting person agreed to an amendment to the exercise price of the outstanding option to reflect a higher exercise price, in connection with the completion of a review of the issuer's stock option practices by certain independant directors of the issuer.

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.

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