## Edgar Filing: HNI CORP - Form 4/A

HNI CORP

| Form 4/A<br>May 10, 2007   | 7  |             |   |   |                        |                |  |   |   |           |  |
|--|--|-------------|---|---|------------------------|----------------|--|---|---|-----------|--|
|  |  |             |   |   |                        |                |  | -   | OMB APPROVAL  |           |  |
| Washington, D.C. 20549   |  |             |   |   |                        |                |  |   | OMB<br>Number:  | 3235-0287 |  |
| Subject to<br>Section 16.<br>Form 4 or   |  |             |   | GES IN BENEFICIAL OWN<br>SECURITIES                               |                        |                |  |   | Expires:<br>Estimated a<br>burden hou<br>response                 | irs per   |  |
| Form 5<br>obligation<br>may conti<br><i>See</i> Instru<br>1(b).<br>(Print or Type R                            | nue. Section 1                             | 7(a) of the |   | ility Hold  | ing Com                | pany           | Act o  | ge Act of 1934,<br>f 1935 or Sectio<br>40   | 'n  |           |  |
| 1. Name and Address of Reporting Person *       2. Issuer         FRANCIS CHERYL A       Symbol         HNI CO |  |             |   |   |                        |                |  | 5. Relationship of Reporting Person(s) to Issuer  |   |           |  |
|  |  |             |   | NI CORP [HNI]   |                        |                |  | (Check all applicable)  |   |           |  |
| (Mon   |  |             | (Month/D  | 3. Date of Earliest Transaction<br>(Month/Day/Year)<br>05/08/2007 |                        |                |  | _X_Director10% Owner<br>Officer (give titleOther (specify<br>below)below)   |   |           |  |
|  |  |             |   | endment, Date Original<br>nth/Day/Year)<br>007                    |                        |                |  | <ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul> |   |           |  |
| MUSCATIN   | IE, IA 52761                               |             |   |   |                        |                |  | Form filed by M<br>Person   | More than One R   | eporting  |  |
| (City)   | (State)                                    | (Zip)       | Table   | e I - Non-Do  | erivative S            | Securi         | ties Ac  | quired, Disposed o  | f, or Beneficia   | lly Owned |  |
| 1.Title of<br>Security<br>(Instr. 3)   | curity (Month/Day/Year) Execution Date, if |             | 3. 4. Securities<br>TransactionAcquired (A) or<br>Code Disposed of (D)<br>(Instr. 8) (Instr. 3, 4 and 5)<br>(A) |   |                        | ))             | SecuritiesIBeneficially()OwnedIFollowing()Reported() | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4)  | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |           |  |
| Common<br>Stock  | 05/08/2007                                 |             |   | Code V<br>A   | Amount<br>1,155<br>(1) | or<br>(D)<br>A | Price<br>\$ 0<br>(2)                                 | Transaction(s)<br>(Instr. 3 and 4)<br>16,335  | D   |           |  |

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

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title of<br>Derivative | 2.<br>Conversion                                  | 3. Transaction Date<br>(Month/Day/Year) |                         | 4.<br>Transactio   | 5.<br>Mumber   | 6. Date Exerce<br>Expiration D |                    | 7. Title and<br>Amount of                    | 8. Price of<br>Derivative | 9. Nu<br>Deriv  |
|---------------------------|---|---|-------------------------|--------------------|--|--------------------------------|--------------------|--|---------------------------|---|
| Security<br>(Instr. 3)    | or Exercise<br>Price of<br>Derivative<br>Security |   | any<br>(Month/Day/Year) | Code<br>(Instr. 8) | of (Month/Day/Yea<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                                |                    | Underlying<br>Securities<br>(Instr. 3 and 4) | Security<br>(Instr. 5)    | Secur<br>Bene<br>Owno<br>Follo<br>Repo<br>Trans<br>(Instr |
|                           |   |   |                         | Code V             | (A) (D)  | Date<br>Exercisable            | Expiration<br>Date | Title Amoun<br>or<br>Number<br>of<br>Shares  |                           |   |

## **Reporting Owners**

| Reporting Owner Name / Address                                    | Relationships |           |         |       |  |  |  |
|---|---------------|-----------|---------|-------|--|--|--|
| Reporting O when I tunie / Hudress                                | Director      | 10% Owner | Officer | Other |  |  |  |
| FRANCIS CHERYL A<br>408 EAST SECOND STREET<br>MUSCATINE, IA 52761 | Х             |           |         |       |  |  |  |
| Signatures  |               |           |         |       |  |  |  |
| /s/ Tamara S. Feldman, By Powe<br>Attorney                        | 05/10/2007    |           |         |       |  |  |  |
| 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) Amended to remove the fractional shares. No fractional shares were issued.
- (2) These shares were granted to the reporting person under the Corporation's 2007 Equity Plan for Non-Employee Directors.

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.