Edgar Filing: HNI CORP - Form 4

if no lo subject Section Form 4 Form 5 obligat may co	9, 2008 M 4 UNITED this box nger to a 16. or Filed pu ions Section 17	MENT O arsuant to (a) of the	W F CHA Section Public	ashingto NGES II SECU 16(a) of	n, D.C. N BENE JRITIES the Secu olding C	2054 EFIC S rities ompa	9 IAL OV S Exchar any Act	COMMISSIC VNERSHIP O nge Act of 1934 of 1935 or Sec 940)F 4,	OM OMB Numbe Expires Estima burden respon	er: s: ted av i hours	verage	0287
(Print or Type	e Responses)												
DITTMER JERALD K Symbo				uer Name a l CORP [H		or Tra	ading	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
				of Earliest /Day/Year) /2008	Director 10% Owner X Officer (give title Other (specify below) below) VP and Chief Financial Officer								
				nendment, Ionth/Day/Y	-	nal		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip) Tal				ble I - Nor	cquired, Disposed	red, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	nsaction Date 2A. Deemed th/Day/Year) Execution Date, if any (Month/Day/Year)			3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or				Forr Dire or Ir (I)	wnership Indirect orm: Beneficial irect (D) Ownership Indirect (Instr. 4)			
Common				Code V	Amount		Price \$	(Instr. 3 and 4)					
Common Stock	02/15/2008			А	1,159 (1)	А	\$ 30.71	11,804.176	D				
Common Stock	02/15/2008			F	376	D	\$ 30.71	11,428.176	D				
Common Stock	02/15/2008			А	1,731 (2)	А	\$ 30.71	13,159.176	D				
Common Stock	02/15/2008			F	561	D	\$ 30.71	12,598.176	D				
Common Stock								4,056.7781	I			ït-Shar rement	•

Edgar Filing: HNI CORP - Form 4

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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	isable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration Da	ate	Amour	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	ying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securit	ies	(Instr. 5)	Bene
	Derivative				Securities	3		(Instr. 3	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date Exercisable	Expiration Date	Title 1	or Number of		
				Code V	(A) (D)			;	Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
DITTMER JERALD K 408 EAST SECOND STREET MUSCATINE, IA 52761			VP and Chief Financial Officer						
Signatures									
/s/ Tamara S. Feldman, By Pow Attorney	er of	02	2/19/2008						
**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) These shares of stock were granted under the HNI Corporation ERISA Supplemental Retirement Plan for the fiscal year ending 2007 and issued pursuant to the HNI Corporation 2007 Stock-Based Compensation Plan.
- (2) These shares of stock were granted under the HNI Corporation Long-Term Performance Plan for the three-year period 2005-2007.

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.