Edgar Filing: BELL MARY H - Form 4

BELL MAR	RY H										
Form 4											
May 14, 20											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								JMIMISSION	OMB Number:	3235-0287	
Check the	his box		vva	sinngton	I, D.C. 2054)	9				January 31,	
if no lor		AENT OI	F CHAN	JGES IN	BENEFIC	ΙΔΤ.	OWN	FRSHIP OF	Expires:	2005	
	Subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Estimated average burden hours per response 0.5		
	Section 16. SECURITIES Form 4 or										
Form 5		rsuant to S	Section 1	16(a) of th	he Securities	Excl	hange	Act of 1934,	response	0.5	
obligatio	ons Section 17(1935 or Section			
may cor <i>See</i> Inst	itinue.				t Company A						
1(b).	ruction	()			r · J						
(Print or Type	Responses)										
1. Name and	Address of Reporting	Person [*]	2. Issue	er Name an	d Ticker or Tra	ding	:	5. Relationship of I	Reporting Pers	on(s) to	
BELL MA	RYH		Symbol			0	•	Issuer			
HNI CORP [HNI]							(2)				
(Last)	(Last) (First) (Middle)			_	-			(Check all applicable)			
(Luot)	(1100) ((induite)	3. Date of Earliest Transaction (Month/Day/Year)					X_ Director 10% Owner			
408 EAST SECOND STREET			05/12/2009					Officer (give title Other (specify			
			00/12/2009					below) below)			
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
			Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person			
MUSCATI	NE, IA 52761							Form filed by Mo			
MUSCAII	INE, IA 52701							Person			
(City)	(State)	(Zip)	Tab	le I - Non-J	Derivative Sec	uritie	s Acqu	ired, Disposed of,	or Beneficiall	y Owned	
1.Title of	2. Transaction Date			Code (Instr. 3, 4 and 5)				5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)	Execution	Date, if					Securities	Ownership	Indirect	
(Instr. 3)		any (Month/D	av/Year)					Beneficially Owned		Beneficial Ownership	
		(month/D	uy/ i cui)	(Following	or Indirect	(Instr. 4)	
						(A)		Reported	(I)		
						or		Transaction(s)	(Instr. 4)		
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common	05/12/2009			А	680.5808	А	\$0	9,135.8724	D		
Stock	00,12,200,				00012000		(1)	,10010721	2		
Common	05/12/2000			•	2,722.323	٨	\$0	11 050 1055	D		
Stock	05/12/2009			А	2,122.323	А	(2)	11,858.1955	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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date		Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
BELL MARY H 408 EAST SECOND STREET MUSCATINE, IA 52761	Х						
Signatures							
Tamara S. Feldman, By Power of Attorney	of	05/13/2009					
**Signature of Reporting Person		D	ate				

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 were acquired under the Corporation's Directors Deferred Compensation Plan.
- (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.