NIGON BERNARD R Form 3 May 05, 2011 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB approval

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> NIGON BERNARD R			2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol HMN FINANCIAL INC [HMNF]				
(Last)	(First)	(Middle)	04/26/2011	4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)		
1016 CIVIC CENTER DRIVE NW			(Check all applicable))			
	(Street)			X Director Officer (give title below	 10% Othe (specify bel 		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting	
ROCHESTER, MN 55901							Person Form filed by More than One Reporting Person	
(City)	(State)	(Zip)	Table I - I	Non-Derivat	ive Securit	ities Beneficially Owned		
1.Title of Secu (Instr. 4)	rity		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Na Owne (Instr	1	
Common St	ock		2,500		D	Â		
Reminder: Rep owned directly	-		ach class of securities benefic	cially S	EC 1473 (7-02	2)		
	infor	mation cont	pond to the collection of ained in this form are no	t				

currently valid OMB control number.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date	3. Title and Amount of Securities Underlying	4. Conversion	5. Ownership	6. Nature of Indirect Beneficial Ownership
	(Month/Day/Year)	Derivative Security (Instr. 4)	or Exercise Price of	Form of Derivative	(Instr. 5)
		Title	Derivative Security	Security: Direct (D)	

3235-0104

January 31,

2005

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Number:

Expires:

response...

Estimated average burden hours per

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Date	Expiration	Amount or	or Indirect
Exercisable	Date	Number of	(I)
		Shares	(Instr. 5)

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
NIGON BERNARD R 1016 CIVIC CENTER DRIVE NW ROCHESTER, MN 55901	ÂX	Â	Â	Â	
Signatures					
/s/ Jon Eberle by Power of Attorney for Bernard R. 05/05/2 Nigon					
**Signature of Reporting Person				Date	
Explanation of Responses:					

* If the form is filed by more than one reporting person, *see* Instruction 5(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).

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.