Carlson Gary L Form 4 February 18, 2011

### FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB

3235-0287 Number: January 31,

**OMB APPROVAL** 

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if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

See Instruction

Check this box

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Carlson Gary L Issuer Symbol HNI CORP [HNI] (Check all applicable) (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Director 10% Owner X\_ Officer (give title Other (specify 408 EAST SECOND STREET 02/16/2011 below) VP, Member & Comm. Relations (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 Form filed by More than One Reporting

MUSCATINE, IA 52761

(State)

(Zip)

(City)

|                     |                                      | Tuble 1 Tion Betti with Securities required, 2 is possed 62, 62 Better and 6 minutes |                 |  |  |  |                                  |  |
|---------------------|--------------------------------------|--|-----------------|--|--|--|----------------------------------|--|
| 1.Title of Security | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if  | 3.<br>Transacti | 4. Securities on Acquired (A) or             | 5. Amount of Securities                                  | 6.<br>Ownership                                | 7. Nature of Indirect Beneficial |  |
| (Instr. 3)          | ` ,                                  | any  | Code            | Disposed of (D)                              | Beneficially   | Form:  | Ownership                        |  |
| (,                  |                                      | (Month/Day/Year)   | (Instr. 8)      | (Instr. 3, 4 and 5)  (A) or Amount (D) Price | Owned Following Reported Transaction(s) (Instr. 3 and 4) | Direct (D)<br>or Indirect<br>(I)<br>(Instr. 4) | (Instr. 4)                       |  |
| Common<br>Stock     |                                      |  |                 |  | 2,490.2332   | D  |                                  |  |
| Common<br>Stock     |                                      |  |                 |  | 241.5864   | I  | Profit-Sharing<br>Retirement     |  |

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 required to respond unless the form displays a currently valid OMB control number.

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

(9-02)

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# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of<br>Derivative Security<br>(Instr. 3)             | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4. 5. Number Transaction Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) |         | 6. Date Exercisable and Expiration Date (Month/Day/Year) |                    | 7. Title and Amou<br>Underlying Securi<br>(Instr. 3 and 4) |                                |
|--|---|--------------------------------------|---|---|---------|--|--------------------|--|--------------------------------|
|  |   |                                      |   | Code V  | (A) (D) | Date<br>Exercisable                                      | Expiration<br>Date | Title  | Amo<br>or<br>Num<br>of<br>Shar |
| Non-qualifying<br>employee stock<br>option (right to<br>buy) | \$ 31.98  | 02/16/2011                           |   | A   | 6,658   | 02/16/2015   | 02/16/2021         | Common<br>Stock  | 6,0                            |

# **Reporting Owners**

| Reporting Owner Name / Address | Relationships |           |            |       |  |  |  |
|--------------------------------|---------------|-----------|------------|-------|--|--|--|
| • 5                            | Director      | 10% Owner | Officer    | Other |  |  |  |
| Carlson Gary L                 |               |           | VP, Member |       |  |  |  |
| 408 EAST SECOND STREET         |               |           | & Comm.    |       |  |  |  |
| MUSCATINE, IA 52761            |               |           | Relations  |       |  |  |  |

## **Signatures**

Tamara S. Feldman, By Power of Attorney 02/18/2011

\*\*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).

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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