HNI CORP Form 4 March 01, 2005

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Check this box if no longer subject to

Section 16. Form 4 or

Form 5 obligations may continue. See Instruction

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

1(b).

OMB APPROVAL

OMB Number:

3235-0287

Expires:

January 31, 2005

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response... 0.5

(Print or Type Responses)

(Last)

1. Name and Address of Reporting Person * ASKREN STANLEY A

(First)

(Middle)

414 EAST THIRD STREET

(Street)

2. Issuer Name and Ticker or Trading Symbol

HNI CORP [HNI]

3. Date of Earliest Transaction (Month/Day/Year)

02/25/2005

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

X Director 10% Owner X_ Officer (give title Other (specify

below)

Chairman, President & CEO

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

Person

MUSCATINE, IA 52761

(City)	(State)	(Zip) Ta	ble I - Non	-Derivati	ve Sec	curities A	cquired, Dispose	d of, or Benef	icially Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	tr. 8)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)	
Common Stock	02/25/2005		A	2,497 (1)	A	\$ 43.76	27,099.4418	D	
Common Stock	02/25/2005		F	36	D	\$ 43.76	27,063.4418	D	
Common Stock	02/25/2005		A	1,165 (2)	A	\$ 43.76	28,228.4418	D	
Common Stock	02/25/2005		F	378	D	\$ 43.76	27,850.4418	D	
Common Stock							4,496.4242	I	Profit-Sharing Retirement

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

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SEC 1474 (9-02)

> 9. Nu Deriv Secur Bene

Follo Repo Trans (Insti

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	cisable and	7. Titl	e and	8. Price of	9
Derivativ	e Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration Da	ate	Amou	nt of	Derivative	J
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	,
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)]
	Derivative				Securities			(Instr.	3 and 4)		(
	Security				Acquired						J
					(A) or						J
					Disposed						-
					of (D)						(
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration	Titla			
						Exercisable	Date	Title			
				Code V	(A) (D)						
				Code V	(A) (D)		*	Title	Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships
Reput ting Owner Maine / Address	

Director 10% Owner Officer Other

ASKREN STANLEY A 414 EAST THIRD STREET MUSCATINE, IA 52761

X

Chairman, President & CEO

Signatures

/s/ Tamara S. Feldman, By Power of Attorney

02/28/2005

**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 2004 and issued pursuant to the HNI Corporation amended and restated Stock-Based Compensation Plan.
- (2) These shares of stock were granted under the HNI Corporation Long-Term Performance Plan for the three-year period 2002-2004.

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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