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| HECLA MIN | NING CO/DE | / | | | | | | | | | |
|---|----------------|----------------|---|---|-------------|------------|------------------------------------|--|-------------------------|-------------|--|
| Form 4 | | | | | | | | | | | |
| June 26, 2014 | 4 | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | | - | OMB APPROVAL | | |
| UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | OMB Number: | 3235-0287 | | |
| | Check this box | | | | | | Expires: | January 31, | | | |
| if no long subject to | | | | | | NERSHIP OF | | 2005 | | | |
| Section 1 | | | | | | | Estimated average burden hours per | | | | |
| Form 4 or | r | | | | | | | | response 0.5 | | |
| Form 5 | Filed | pursuant to | Section 1 | 6(a) of the | e Securiti | es Ex | chang | e Act of 1934, | | | |
| obligatior may conti | Section | | | • | • | · · | | f 1935 or Section | n | | |
| See Instru 1(b). | | 30(h) | of the In | vestment | Company | Act | of 194 | 40 | | | |
| (Print or Type R | (esponses) | | | | | | | | | | |
| Bowles John Henry Symbol | | | | uer Name and Ticker or Trading l LA MINING CO/DE/ [HL] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | | | | | | (Check all applicable) | | | |
| () () () () () () () () () () | | | | e of Earliest Transaction h/Day/Year) | | | | X Director | 10% | Owner | |
| 6500 N. MII 200 | NERAL DRIV | /E, SUITE | 06/25/20 | - | | | | Officer (give below) | | er (specify | |
| | (Street) | | 4. If Ame | ndment, Da | te Original | | | 6. Individual or Jo | oint/Group Filir | 1g(Check | |
| · · · · · · · · · · · · · · · · · · · | | | | d(Month/Day/Year) | | | | Applicable Line) | | | |
| | | | | • | | | | _X_ Form filed by C | | | |
| COEUR D'A | ALENE, ID 83 | 3815-9408 | | | | | | Form filed by M Person | Iore than One Re | porting | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative S | ecurit | ies Acq | uired, Disposed of | f, or Beneficial | ly Owned | |
| 1.Title of | 2. Transaction | | | 3. | | | | 5. Amount of | 6. Ownership | | |
| Security | (Month/Day/Y | | on Date, if Transaction(A) or Disposed of | | | | of | Securities | Form: Direct | | |
| (Instr. 3) | | any (Month/ | Code(D)Day/Year)(Instr. 8)(Instr. 3, 4 and 5) | | | 5) | Beneficially Owned | (D) or Indirect (I) | Beneficial Ownership | | |
| | | X | | | | Following | | (Instr. 4) | | | |
| | | | | | | (A) | | Reported | | | |
| | | | | | | or | | Transaction(s) (Instr. 3 and 4) | | | |
| | | | | Code V | Amount | (D) | Price | (insu: 5 and 4) | | | |
| Common Stock | 06/25/2014 | | | А | 18,485 | А | \$ 3.3 | 57,115 | 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)

| 1. Title of Derivative Security (Instr. 3) | 3. Transaction Date (Month/Day/Year) | 4. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | ; | ate | Amou Under Secur | le and int of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---------------------------------------|--|---------------------|--------------------|------------------------|---|---|--|
| | | Code V | 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|------------|---------|-------|--|--|--|
| For and a second | Director | 10% Owner | Officer | Other | | | |
| Bowles John Henry 6500 N. MINERAL DRIVE, SUITE 200 COEUR D'ALENE, ID 83815-9408 | Х | | | | | | |
| Signatures | | | | | | | |
| Tami D Whitman, Attorney-in-Fact for Jol Bowles | nn H. | 06/26/2014 | | | | | |
| **Signature of Reporting Person | | Date | | | | | |
| Fruitanatian af Daanana | | | | | | | |

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.