Edgar Filing: HNI CORP - Form 4

UNIL CODD

| Form 4 | | | | | | | | | | | |
|--|--------------------------------------|---|---|--|---|----------|---|--|---|---|--|
| September 0 | ГЛ | | SECUE | ITIES A | ND EVC | IT A N | CEC | OMMISSION | | PROVAL | |
| UNITED STATES SECURITIES ANI Washington, D. | | | | | | | | | OMB Number: | 3235-0287 | |
| if no long subject to Section 1 Form 4 o Form 5 obligation may cont See Instru 1(b). | 6. r Filed pu inue. | STATEMENT OF CHANGES IN 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 | | | | | | | Expires: January 31, 2005 Estimated average burden hours per response 0.5 | | |
| (Print or Type I | Responses) | | | | | | | | | | |
| Porcellato Larry B Symbol HNI CC | | | r Name and Ticker or Trading | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| | | | | Earliest Tr | - | | | (Check all applicable) | | | |
| 408 EAST SECOND STREET(Mudde)5. Date of (Month/D408 EAST SECOND STREET09/01/20 | | | Day/Year) | | | | XDirector10% Owner Officer (give titleOther (specify below) below) | | | | |
| | | | endment, Date Original nth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| MUSCATINE, IA 52761 | | | | | | | | Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-E | Derivative Se | ecuriti | ies Acq | uired, Disposed of, | or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Da (Month/Day/Year | | n Date, if | 3. Transactic Code (Instr. 8) | 4. Securitie on(A) or Disp (Instr. 3, 4 a | osed o | of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 09/01/2016 | | | Code V A | Amount 90.8694 | (D) A | Price \$ 0 (1) | | 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) | 4. Transac Code (Instr. 8 | of De Se Ac (A Di of (In | | | | Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|------------------------------------|---|-------|---------------------|--------------------|-------|--|---|---|
| | | | Code Y | V (A |) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|-----------|--------------|--|--|--|--|--|
| I B | Director | 10% Owner | Officer Othe | | | | | |
| Porcellato Larry B 408 EAST SECOND STREET MUSCATINE, IA 52761 | Х | | | | | | | |
| Signatures | | | | | | | | |
| /s/Julie Abramowski, By Power Attorney | of | 09/06 | 6/2016 | | | | | |
| **Signature of Reporting Person | | I | 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 are reinvested dividends acquired by the reporting person under the Corporation's Directors Deferred Compensation Plan.

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.