## Edgar Filing: HNI CORP - Form 4

if no lo subject Section Form 4 Form 5 obligat may co	9, 2008 <b>M 4</b> UNITED this box nger to a 16. or Filed pu ions Section 17	MENT O arsuant to a (a) of the	W F CHA Section Public	ashingto NGES II SECU 16(a) of	n, D.C. 2 N BENE VRITIES the Secu	2054 FIC s rities	9 IAL OV Exchar	<b>COMMISSIC</b> <b>WNERSHIP O</b> nge Act of 1934 of 1935 or Sect 940	<b>)F</b> 4,	OMB Numbe Expires Estima burden respon	er: s: ted av hours	/erage	0287
(Print or Type	e Responses)												
Lorenger Jeffrey D Sym				ier Name <b>a</b> I CORP [H]	5. Relationship of Reporting Person(s) to Issuer								
				of Earliest	(Check all applicable)								
				(Month/Day/Year) 02/15/2008				Director 10% Owner X_ Officer (give title Other (specify below) below) VP, Gen Counsel & Secretary					
Filed(M				f Amendment, Date Original ed(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>					
MUSCATINE, IA 52761								Person			1		
(City)	(State)	(Zip)		ble I - Non 3.				cquired, Disposed		or Bene	-		1
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	nsaction Date 2A. Deemed th/Day/Year) Execution Date, if any (Month/Day/Year)			4. Securi on(A) or D (Instr. 3,	ispose	ed of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	curitiesOwnershipIndirectneficiallyForm:BeneficialwnedDirect (D)Ownershipllowingor Indirect(Instr. 4)ported(I)ansaction(s)				
Common				Code V	Amount	(D)	Price \$	(Instr. 3 and 4)					
Stock	02/15/2008			А	612 <u>(1)</u>	А	ф 30.71	3,263.036	D				
Common Stock	02/15/2008			F	198	D	\$ 30.71	3,065.036	D				
Common Stock	02/15/2008			А	719 (2)	А	\$ 30.71	3,784.036	D				
Common Stock	02/15/2008			F	233	D	\$ 30.71	3,551.036	D				
Common Stock								2,134.4598	I			it-Shar rement	-

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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 (9-02)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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities	3		(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	<b>T1</b>	or		
						Exercisable	Date	Title	Number		
				<b>C</b> 1 1					of		
				Code V	(A) (D)				Shares		

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships								
F	Director	10% Owner	Officer	Other					
Lorenger Jeffrey D 408 EAST SECOND STREET MUSCATINE, IA 52761			VP, Gen Counsel & Secretary						
Signatures									
	0								

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

\*\*Signature of Reporting Person

Date

02/19/2008

# **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).
- These shares of stock were granted under the HNI Corporation ERISA Supplemental Retirement Plan for the fiscal year ending 2007 and (1)issued pursuant to the HNI Corporation 2007 Stock-Based Compensation Plan.

(2) These shares of stock were granted under the HNI Corporation Long-Term Performance Plan for the three-year period 2005-2007.

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.