Edgar Filing: ASKREN STANLEY A - Form 5

3. Statement for Issuer's Fiscal Year Ended

4. If Amendment, Date Original

(Month/Day/Year)

Filed(Month/Day/Year)

12/30/2017

ASKREN STANLEY A Form 5 January 29, 2018 FORM 5

Check this box if

no longer subject

to Section 16.

5 obligations

may continue. See Instruction

1(b).

Reported

Form 4 Transactions Reported

Form 4 or Form

OMB APPROVAL OMB UNITED STATES SECURITIES AND EXCHANGE COMMISSION 3235-0362 Number: Washington, D.C. 20549 January 31, Expires: 2005 Estimated average ANNUAL STATEMENT OF CHANGES IN BENEFICIAL burden hours per **OWNERSHIP OF SECURITIES** response... 1.0 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer ASKREN STANLEY A Symbol HNI CORP [HNI] (Check all applicable)

(Last) (First) (Middle)

600 EAST SECOND STREET

(Street)

MUSCATINE, IAÂ 52761

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

6. Individual or Joint/Group Reporting

10% Owner

below)

Chairman, President & CEO

(check applicable line)

Other (specify

X Director

below)

Person

X Officer (give title

(City)	(State)	(Zip) Ta	ble I - Non-Do	erivative Secur	rities	Acquired,	Disposed of, or Be	neficially Ow	vned
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)	4. Securities A Disposed of (1 (Instr. 3, 4 and Amount	D)	red (A) or Price	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	12/29/2017	Â	А	98.582 <u>(1)</u>	A	\$ 32.785	222,067.8424	D	Â
Common Stock	12/29/2017	Â	A	428.5693 (2)	A	\$ 0	10,492.2793 (3)	Ι	Profit Sharing Retirement Plan

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.

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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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. of D So E I S Fi (I
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	ess Relationships						
	Director	10% Owner	Officer	Other			
ASKREN STANLEY A 600 EAST SECOND STREET MUSCATINE, IA 52761	ÂX	Â	Chairman, President & CEO	Â			
Signatures							

/s/Julie Abramowski; By Power of	01/29/2018		
Attorney	01/29/2018		
**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).
- These shares were acquired during the fiscal year under the HNI Corporation Members' Stock Purchase Plan. (1)
- (2) These shares were acquired under the HNI Corporation Profit-Sharing Retirement Plan.
- The reporting person no longer has a reportable interest in 1,314 shares of common stock owned by his sons and included in the reporting (3) person's prior ownership reports.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.