Lorenger Jeffrey D Form 5 January 29, 2018

FORM 5

OMB APPROVAL

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

OMB Number: 3235-0362 January 31,

2005

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no longer subject to Section 16. Form 4 or Form 5 obligations may continue.

Check this box if

ENT OF CHANGES IN BENEFICIAL

Estimated avera

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ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

response...

See Instruction
1(b). 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
Reported 20(b) of the Insurance Company Act of 1940.

Form 4 Transactions 30(h) of the Investment Company Act of 1940

Transactions Reported

1. Name and Address of Reporting Person ** Lorenger Jeffrey D			2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer		
(Last)	(First)	(Middle)	HNI CORP [HNI] 3. Statement for Issuer's Fiscal Year Ended	(Check all applicable)		
			(Month/Day/Year)	Director 10% Owner		
600 EAST SECOND STREET			12/30/2017	X Officer (give title Other (specify below)		
				President, Office Furniture		
(Street)			4. If Amendment, Date Original	6. Individual or Joint/Group Reporting		
			Filed(Month/Day/Year)			
				(check applicable line)		

MUSCATINE, IAÂ 52761

(State)

(Zin)

(City)

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

(City)	(State)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially 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)	4. Securities (A) or Dispo (Instr. 3, 4 and Amount	sed of		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	02/28/2017	Â	A	1,200 (1)	A	\$0	22,022.43 (2)	D	Â
Common Stock	12/29/2017	Â	A	264.6625 (3)	A	\$ 0	5,010	I	Profit Sharing Retirement Plan

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

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	nt of	Derivative
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)
	Derivative				Securities			(Instr.	3 and 4)	
	Security				Acquired					
	•				(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
					, ,					
									Amount	
						Date	Expiration		or	
						Exercisable	Date	Title	Number	
						LACICISADIC	Dute		of	
					(A) (D)				Shares	

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Lorenger Jeffrey D 600 EAST SECOND STREET MUSCATINE, IA 52761	Â	Â	President, Office Furniture	Â				

Signatures

/s/Julie Abramowski; By Power of 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).
- (1) These shares were acquired under a grant made to the reporting person under the HNI Corporation Supplemental Income Plan.
- (2) The total in column 5 includes reinvested dividends of 14.3061.
- (3) These shares were acquired under the HNI Corporation Profit-Sharing Retirement Plan.

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Remarks:

Exhibit List: Exhibit 24-1 Power of Attorney

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.

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