OMB APPROVAL		
OMB Number:	3235-0104	
Expires:	January 31, 2005	
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response	•	
	OMB Number: Expires: Estimated a burden hour response	

(Print or Type Responses)

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<ol> <li>Name and Address of Reporting Person <sup>*</sup>/<sub>-</sub></li> <li>Â Ancius Michael J</li> </ol>			Statement (Month/Day/Year)	3. Issuer Name <b>and</b> Ticker or Trading Symbol FASTENAL CO [FAST]					
(Last)	(First)	(Middle)	01/30/2009	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Officer10% Owner OfficerOther (give title below) (specify below)			5. If Amendment, Date Original Filed(Month/Day/Year)		
151 COACH	LITE COU	JRT							
	(Street)						6. Individual or Joint/Group		
ONALASKA	A, WI 5	54650					Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)	Table I - N	Non-Derivat	ive Securiti	es Be	neficially Owned		
1.Title of Secur (Instr. 4)	ity		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	-		
Common Sto	ock		500 <u>(1)</u>		D	Â			
Reminder: Repo owned directly o	or indirectly. Perso inform requir	ch class of securities benefic pond to the collection of ained in this form are not nd unless the form displ	S.	EC 1473 (7-02	)				
currently valid OMB control number.									

## Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security       2. Date Exercisable ar         (Instr. 4)       Expiration Date (Month/Day/Year)		Date	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security	Security: Direct (D) or Indirect	

Shares

(I) (Instr. 5)

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
I O	Director	10% Owner	Officer	Other		
Ancius Michael J 151 COACHLITE COURT ONALASKA, WI 54650	ÂX	Â	Â	Â		
Signatures						
/s/ John J. Milek, Attorney-in-Fact	01/30/2009					
**Signature of Reporting Person		Date				

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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 jointly held with the reporting person's spouse.

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.