Bridges Marshall H Form 5 January 29, 2018								
FORM 5			OMB AF	PPROVAL				
UNITED STATE Check this box if no longer subject	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							
to Section 16. Form 4 or Form 5 obligations may continue. See Instruction	TATEMENT OF CHANGES IN BEN OWNERSHIP OF SECURITIES	Extimated average burden hours per response 1.0						
Form 3 Holdings Section 17(a) of the	Section 16(a) of the Securities Exchang Public Utility Holding Company Act of ) of the Investment Company Act of 19	of 1935 or Section	l					
1. Name and Address of Reporting Person <u>*</u> Bridges Marshall H	2. Issuer Name <b>and</b> Ticker or Trading Symbol HNI CORP [HNI]	5. Relationship of I Issuer	1 0	.,				
(Last) (First) (Middle) 600 EAST SECOND STREET	<ol> <li>Statement for Issuer's Fiscal Year Ended (Month/Day/Year)</li> <li>12/30/2017</li> </ol>	Director X Officer (give below)		o Owner er (specify				
(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joi (check	nt/Group Repo	-				

# MUSCATINE, IAÂ 52761

\_X\_ Form Filed by One Reporting Person \_\_\_\_ Form Filed by More than One Reporting Person

(City)	(State)	(Zip) 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 Disposed of (Instr. 3, 4 ar	(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	02/27/2017	Â	А	324 <u>(1)</u>	A	\$ 0	8,140	D	Â
Common Stock	03/31/2017	Â	А	58.07 <u>(2)</u>	A	\$ 46.09	8,198.07	D	Â
Common Stock	06/30/2017	Â	А	67.129 <u>(2)</u>	А	\$ 39.87	8,265.2	D	Â
Common Stock	09/29/2017	Â	А	64.539 <u>(2)</u>	А	\$ 35.25	8,329.72	D	Â

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Common Stock	12/29/2017	Â	А	69.391 <u>(2)</u>	А	\$ 32.785	8,399.13	D	Â
Common Stock	12/29/2017	Â	А	139.1403 ( <u>3)</u>	A	\$ 0	804.14	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 SEC 2270 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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (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	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. of D Se B O E I S Fi (I
				(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Bridges Marshall H 600 EAST SECOND STREET MUSCATINE, IA 52761	Â	Â	VP and Chief Financial Officer	Â				
Signatures								
/s/ Julie M. Abramowski; By Power Attorney	of	01/29/2018						
**Signature of Reporting Person		Date						
Explanation of Door	00000							

## 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 under a grant made to the reporting person under the HNI Corporation Supplemental Income Plan. (1)

(2) These shares were acquired during the fiscal year under the HNI Corporation Members' Stock Purchase Plan.

(9-02)

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(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.