Health Fitness Corp /MN/ Form 4 May 18, 2006

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB

OMB APPROVAL

Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average response...

burden hours per

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

Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

Stock

(Print or Type Responses)

1. Name and Address of Reporting Person * BERNARDS JAMES A (Last) (First) (Middle) 7200 METRO BOULEVARD			2. Issuer Name and Ticker or Trading Symbol Health Fitness Corp /MN/ [HFIT]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title below) Other (specify below)				
			•							
			3. Date of Earliest Transaction (Month/Day/Year) 05/16/2006							
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line)				
EDINA, MI	N 55439							by One Reporting by More than One		
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative	Securities A	cquired, Disposed	d of, or Benefic	cially Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Execution any	med on Date, if Day/Year)	3. Transactic Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3,	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock							10,000	I	Defined Benefit Plan	
Common Stock							50,000	I	Brightstone Capital	
Common							36,000	D		

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.

Edgar Filing: Health Fitness Corp /MN/ - Form 4

$\label{thm:convertible} \begin{tabular}{ll} Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned \\ (e.g., puts, calls, warrants, options, convertible securities) \end{tabular}$

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. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount o Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Stock Option (Right to Buy)	\$ 3					04/08/1997(1)	04/08/2007	Common Stock	50,000
Stock Option (Right to Buy)	\$ 1.55					05/16/2004	05/16/2010	Common Stock	15,000
Stock Option (Right to Buy)	\$ 2.55					05/16/2005	05/16/2011	Common Stock	15,000
Stock Option (Right to Buy)	\$ 1.95	05/16/2006		A	15,000	05/16/2006	05/16/2012	Common Stock	15,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
BERNARDS JAMES A	37						
7200 METRO BOULEVARD EDINA, MN 55439	X						

Signatures

/s/ Wesley W. Winnekins as Attorney-In-Fact for James A. Bernards pursuant to Power of Attorney previously filed 05/18/2006

**Signature of Reporting Person Date

Reporting Owners 2

Edgar Filing: Health Fitness Corp /MN/ - Form 4

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) Exercisable as to 10,000 shares on 4/8/97 and an additional 10,000 shares upon each re-election to the Board commencing June 1997.

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.