HNI CORP Form 3 February 19, 2016 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB Number:

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Jones Mary K.W.			2. Date of Eve Statement (Month/Day/Y		3. Issuer Name and Ticker or Trading Symbol HNI CORP [HNI]						
```````````````````````````````````````	First)	(Middle)	02/17/2016		4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)			
408 EAST SECOND STREET (Street) MUSCATINE, IA 52761					(Check all applicable) <u>X</u> Director <u>10%</u> Owner <u>Officer</u> Other (give title below) (specify below)			<ul> <li>6. Individual or Joint/Group</li> <li>Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting</li> <li>Person</li> <li> Form filed by More than One</li> <li>Reporting Person</li> </ul>			
(City) (S	State)	(Zip)		Table I - N	lon-Derivat	ive Securiti	ies Be	neficially Owned			
1.Title of Security (Instr. 4)				2. Amount of Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	*			
No securities ar	e benefic	ially owne	ed	0		D	Â				
Reminder: Report o owned directly or ir	-	e line for ea	ch class of secu	rities benefici	ially S	EC 1473 (7-02	2)				
	informa require	tion conta d to respo	oond to the co ined in this f nd unless the IB control nu	orm are not e form displa							
Table	Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		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	

3235-0104

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

Shares

(I) (Instr. 5)

## **Reporting Owners**

Reporting Owner Name / Address		Relationships					
		Director	10% Owner	Officer	Other		
Jones Mary K.W. 408 EAST SECOND STREI MUSCATINE, IA 52761		ÂX	Â	Â	Â		
Signatures							
/s/ Mary K.W. 0 Jones	2/17	//2016					
<u>**</u> Signature of Reporting Person	D	ate					

## **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).

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.