Edgar Filing: CHRISTENSEN GARY M - Form 4

CHRISTEN	SEN GARY M												
Form 4													
February 18													
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB AF OMB Number:	PROVAL 3235-0287			
Check th if no lon subject t	GES IN BENEFICIAL OWNER					ERSHIP OF	Expires: Estimated a	January 31, 2005 average					
Section 16. Form 4 or					RIT	ΓIES			burden hour response				
Form 5 obligations may continue. See Instruction 1(b). 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)												
CHRISTENSEN GARY M Symbol				er Name and Ticker or Trading					5. Relationship of Reporting Person(s) to Issuer				
				ORP [HNI] of Earliest Transaction					(Check all applicable)				
(Month/				th/Day/Year) 7/2010					X Director Officer (give to below)	ctor 10% Owner er (give title Other (specify below)			
				mendment, Date Original /onth/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
MUSCATI	NE, IA 52761								Form filed by Mo Person				
(City)	(State)	(Zip)	Tab	le I - Non-l	Der	rivative Sec	curitie	es Acqu	iired, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8)	on(A	. Securities A) or Dispo instr. 3, 4 ar	sed of id 5) (A)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common				Code V		Amount	or (D)	Price \$ 0					
Stock	02/17/2010			А	5	21.0504	А	\$ 0 (1)	28,967.4356	D			

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

Persons who respond to the collection of information 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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if		onNumber	1			unt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)		rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ			Secur		(Instr. 5)	Bene
	Derivative				Securitie			(Instr	. 3 and 4)		Owne
	Security				Acquired	1					Follo
					(A) or						Repo
					Disposed	1					Trans
					of (D)						(Instr
					(Instr. 3, 4 and 5)						
					4, and 5)						
				Code V	(A) (D)) Date	Expiration	Title	Amount		
						Exercisable	Date		or		
									Number		
									of		
									Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
CHRISTENSEN GARY M 408 EAST SECOND STREET MUSCATINE, IA 52761	Х						
Signatures							
Tamara S. Feldman, By Power of Attorney	of	02/18/2010					
**Signature of Reporting Person		D	ate				

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 the Corporation's Directors Deferred Compensation Plan.

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.