Health Fitness Corp /MN/ Form 4 June 02, 2008

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

**OMB APPROVAL** 

response...

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

Check this box

obligations may continue. See Instruction

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

2. Issuer Name and Ticker or Trading

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* EHLEN K JAMES

Symbol Health Fitness Corp /MN/ [HFIT] 5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

(Last)

(City)

1.Title of

Security

(Instr. 3)

(First)

(Street)

(State)

(Middle)

(Zip)

3. Date of Earliest Transaction

(Month/Day/Year) 05/29/2008

X Director Officer (give title below)

10% Owner Other (specify

4221 WOODLAND TRAIL

4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

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

Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

GOLDEN VALLEY, MN 55422

2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if

4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) 5. Amount of Securities Beneficially Owned Following Reported

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)

(A) or

Transaction(s) (Instr. 3 and 4)

Code V Amount (D) Price

> 20,000 D

Common Stock

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

(Month/Day/Year)

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.

SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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

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 Exerci Expiration Da (Month/Day/Y	te	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 0.5					05/16/2003	05/16/2009	Common Stock	12,000
Stock Option (Right to Buy)	\$ 1.55					05/16/2004	05/16/2010	Common Stock	15,000
Stock Option (Right to Buy)	\$ 2.3					08/29/2005	08/29/2011	Common Stock	7,500
Stock Option (Right to Buy)	\$ 1.95					05/16/2006	05/16/2012	Common Stock	15,000
Stock Option (Right to Buy)	\$ 2.83					05/16/2007	05/16/2013	Common Stock	15,000
Stock Option (Right to Buy)	\$ 2.15	05/29/2008		A	15,000	05/29/2008	05/29/2014	Common Stock	15,000

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
rr a g a m a m a m a m a m a m a m a m a m	Director	10% Owner	Officer	Other		
EHLEN K JAMES						
4221 WOODLAND TRAIL	X					
GOLDEN VALLEY, MN 55422						

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## **Signatures**

/s/ Wesley W. Winnekins as Attorney-In-Fact for K. James Ehlen pursuant to Power of Attorney previously filed

06/02/2008

\*\*Signature of Reporting Person

Date

## **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).

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.

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