#### Edgar Filing: HMN FINANCIAL INC - Form 5

HMN FINANCIAL INC Form 5 February 12, 2007 FORM 5

1(b).

**PLAN** 

(Last)

(City)

1.Title of

Security

(Instr. 3)

Common

#### OMB APPROVAL OMB UNITED STATES SECURITIES AND EXCHANGE COMMISSION 3235-0362 Number: Washington, D.C. 20549 Check this box if January 31, Expires: no longer subject 2005 to Section 16. Estimated average ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Form 4 or Form burden hours per 5 obligations **OWNERSHIP OF SECURITIES** response... 1.0 may continue. See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940 Form 4 Transactions Reported 1. Name and Address of Reporting Person <sup>\*</sup> 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer HMN FINANCIAL INC Symbol EMPLOYEE STOCK OWNERSHIP HMN FINANCIAL INC [HMNF] (Check all applicable) (Middle) 3. Statement for Issuer's Fiscal Year Ended (First) Director 10% Owner \_\_\_X\_\_ Other (specify Officer (give title (Month/Day/Year) below) below) 12/31/2006 ESOP Trustee 1016 CIVIC CENTER DRIVE NW (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting Filed(Month/Day/Year) (check applicable line) ROCHESTER, MNÂ 55901 \_X\_ Form Filed by One Reporting Person Form Filed by More than One Reporting Person (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired 5. Amount of 6. Ownership 7. Nature of (Month/Day/Year) Execution Date, if Transaction (A) or Disposed of Securities Form: Direct Indirect Code (D) Beneficially (D) or Beneficial any (Month/Day/Year) (Instr. 3, 4 and 5) Owned at end Indirect (I) Ownership (Instr. 8) of Issuer's (Instr. 4) (Instr. 4) Fiscal Year (A) (Instr. 3 and

Â 12/31/2006 Stock

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 (9-02)the form displays a currently valid OMB control number.

4)

523,099 (2)

D

Price

\$0

or

(D)

D

Amount

24,317

(1)

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

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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)	Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Security (Instr. 5)	
				(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
HMN FINANCIAL INC EMPLOYEE STOCK OWNERSHIP PLAN 1016 CIVIC CENTER DRIVE NW ROCHESTER, MN 55901	Â	Â	Â	ESOP Trustee		
Signatures						

### Signatures

/s/ Linda Shultz, Trustee 02/12/2007

\*\*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).
- (1) Reflects allocation to vested employees for the period ending 12/31/2006.
- (2) Only reflects shares held in the unallocated account of the ESOP. Does not include 294,631 shares that have been allocated to participants who have voting power over their shares.

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.