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

3235-0287 Number:

OMB APPROVAL

January 31, Expires: 2005

0.5

Estimated average burden hours per response...

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

obligations

may continue.

See Instruction

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

30(h) of the Investment Company Act of 1940

1(b).

Common

Stock

(Print or Type Responses)

	Address of Reporting F ROBERT J	Symbol	2. Issuer Name and Ticker or Trading Symbol Health Fitness Corp /MN/ [HFIT]			5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (M	liddle) 3. Date	of Earliest Tr	ansaction	(Ch	eck all applicabl	e)		
(====)	()	,		unsaction	X Director	109	6 Owner		
36 PARK I	LANE	`	(Month/Day/Year) 05/29/2008			ve title Oth			
	(Street)	4. If An	4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check			
		Filed(M	onth/Day/Year)		y One Reporting P			
MINNEAP	OLIS, MN 55416				Form filed by Person	More than One R	eporting		
(City)	(State)	Zip) Ta	ble I - Non-D	erivative Securities A	equired, Disposed of, or Beneficially Owned				
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securities	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution Date, i	if TransactionAcquired (A) or		Securities	Form: Direct	Indirect		
(Instr. 3)		any	Code	Disposed of (D)	Beneficially	(D) or	Beneficial		
		(Month/Day/Year	(Instr. 8)	(Instr. 3, 4 and 5)	Owned	Indirect (I)	Ownership		
					Following	(Instr. 4)	(Instr. 4)		
				(Reported				
				(A)	Transaction(s)				
			C 1 17	or	(Instr. 3 and 4)				

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.

D

20,000

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

Code V Amount (D) Price

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 Derivative Securities Acquired or Dispos (D) (Instr. 3, 4 and 5)	e (A) sed of	6. Date Exercisable and Expiration Date (Month/Day/Year)		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
Director Stock Option (Right to Buy)	\$ 1.55						05/18/2004	05/18/2010	Common Stock	15,000
Director Stock Option (Right to Buy)	\$ 2.4						05/18/2005	05/18/2011	Common Stock	15,000
Director Stock Option (Right to Buy)	\$ 1.82						05/18/2006	05/18/2012	Common Stock	15,000
Director Stock Option (Right to Buy)	\$ 2.8						05/18/2007	05/18/2013	Common Stock	15,000
Director 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					
·r· · · · · · · · · · · · · · · · · · ·	Director	10% Owner	Officer	Other		
MARZEC ROBERT J	**					
36 PARK LANE	X					
MINNEAPOLIS, MN 55416						

Reporting Owners 2

Signatures

/s/ Wesley W. Winnekins as Attorney-in-Fact for Robert J. Marzec 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.

Signatures 3