FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL        |          |  |  |  |  |  |  |  |  |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number:         | 3235-028 |  |  |  |  |  |  |  |  |
| Estimated average b | ourden   |  |  |  |  |  |  |  |  |

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person*  JERGENSON DUANE M |   |  |   |              |   | 2. Issuer Name <b>and</b> Ticker or Trading Symbol HAWKINS INC [ HWKN ] |         |                                      |  |  |                     |   |                       |        | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |  |  |  |                    |  |  |
|---|---|--|---|--------------|---|---|---------|--------------------------------------|--|--|---------------------|---|-----------------------|--------|---|--|--|--|--------------------|--|--|
| JERGENSON DOANE W   |   |  |   |              |   |   |         |                                      |  |  |                     |   |                       |        | X   | Direc  | tor  |  | 10% O              | wner   |  |
| (Last) (First) (Middle) 2381 ROSEGATE                       |   |  |   |              | 3. Date of Earliest Transaction (Month/Day/Year) 08/09/2017 |   |         |                                      |  |  |                     |   |                       |        |   | Office   | cer (give title<br>ow)   |  | Other (<br>below)  | (specify   |  |
|   |   |  |   |              | 4. If   | 4. If Amendment, Date of Original Filed (Month/Day/Year)                |         |                                      |  |  |                     |   |                       |        | 6. Individual or Joint/Group Filing (Check Applicable Line)             |  |  |  |                    |  |  |
| (Street) ROSEVI   | OSEVILLE MN 55113   |  |   |              |   |   |         |                                      |  |  |                     |   |                       |        | X   |  | Form filed by One Reporting Person Form filed by More than One Reporting                         |  |                    |  |  |
| (City)  | (St   | ate) (                                     | Zip)  |              |   |   |         |                                      |  |  |                     |   |                       |        |   |  | erson  |  |                    |  |  |
|   |   | Tabl                                       | e I - Nor   | -Deriv       | ative   | Se  | curitie | s Acc                                | quired,  | Dis                                      | posed o             | f, or   | Bene                  | eficia | ally (  | Owne   | ed   |  |                    |  |  |
| 1. Title of Security (Instr. 3)  2. Transa Date (Month/D    |   |  |   | Day/Year) if |   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)             |         | Transaction Disposed Code (Instr. 5) |  | ities Acquired (A<br>d Of (D) (Instr. 3, |                     |   | 4 and See<br>Be<br>Ow |        | vned Following  |  | wnership<br>m: Direct<br>or Indirect<br>Instr. 4)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership              |                    |  |  |
|   |   |  |   |              |   |   |         |                                      |  | v  | Amount              |   | (A) or<br>(D)         | Price  | .   | Reported<br>Transaction(s)<br>(Instr. 3 and 4) |  |  |                    | (Instr. 4)   |  |
| Common Stock  |   |  |   | 08/09        | 08/09/2017  |   |         |                                      | A  |  | 1,212               | . A   |                       | \$     | 0   | 32,483   |  |  | D                  |  |  |
|   |   | Та   | ıble II - D                                       |              |   |   |         |                                      |  |  | sed of,<br>onvertib |   |                       |        | y Ov  | ned  |  |  |                    |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)         | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemee<br>Execution I<br>if any<br>(Month/Day | Date,        | 4.<br>Transaction<br>Code (Instr.<br>8)                     |   | ı of    |                                      | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |  |                     | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |                       |        |   | vative<br>urity<br>r. 5)                       | 9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4 | Ownership<br>Form: | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|   |   |  |   |              | Code  | v   | (A)     | (D)                                  | Date<br>Exercisal  |  | Expiration<br>Date  | Title   | Nun<br>of<br>Sha      |        |   |  |  |  |                    |  |  |

Explanation of Responses:

/s/ Joshua L. Colburn, Attorney-in-Fact

08/11/2017

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.

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 Number.