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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |
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| 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

| OMB APPROVAL | | | | | | | | | | |
|--------------|--|--|--|--|--|--|--|--|--|--|
| 3235-0287 | | | | | | | | | | |
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| hours per response: | 0.5 |
|--------------------------|-----|
| Estimated average burden | |

| 1. Name and Address of Reporting Person [*] SODERLUND DANIEL E | 2. Issuer Name and Ticker or Trading Symbol <u>HAWKINS INC</u> [HWKN] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner |
|--|--|---|
| (Last) (First) (Middle) 3100 EAST HENNEPIN | 3. Date of Earliest Transaction (Month/Day/Year) 03/06/2008 | X Officer (give title Other (specify below) below) V.P., Pharmaceutical |
| (Street) MINNEAPOLIS MN 55413 (City) (State) (Zip) | 4. If Amendment, Date of 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

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------------------------------|---|------------------------------------|---------|---|---|---|
| | | Code V Amount (A) or Price | | Price | Transaction(s) (Instr. 3 and 4) | | (1130.4) | | |
| Common Stock | 03/06/2008 | | S | 100 | D | \$14.9 | 1,801.179 | D | |
| Common Stock | 03/06/2008 | | S | 200 | D | \$14.88 | 1,601.179 | D | |
| Common Stock | 03/06/2008 | | S | 100 | D | \$14.87 | 1,501.179 | D | |
| Common Stock | 03/06/2008 | | S | 100 | D | \$14.81 | 1,401.179 | D | |
| Common Stock | 03/06/2008 | | S | 100 | D | \$14.8 | 1,301.179 | D | |
| Common Stock | 03/06/2008 | | S | 200 | D | \$14.76 | 1,101.179 | D | |
| Common Stock | 03/06/2008 | | S | 200 | D | \$14.77 | 901.179 | D | |
| Common Stock ⁽¹⁾ | | | | | | | 15,851 | I | By ESOP Tr |

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

| 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. Transa Code (8) | | of I | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form: Direct (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|------|-----|--|--------------------|---|--|---|--|----------------------------------|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. As of the latest report dated 3/06/08.

/s/ W. Morgan Burns on behalf

of Daniel E. Soderlund

03/06/2008

** Signature of Reporting Person Date

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

* 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.