FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden

0.5

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | | | | | or S | Section | on 30(h) | of the | Investme | nt Con | npany Act | of 194 | 40 | | | | | | | |
|--|---|--|--|---------|-------|---|--|--------|------------------|------------------------------|---------------------|--|---------------|---------------|---------------------|--------|---|-------------|--|--|
| 1. Name and Address of Reporting Person* SEVENICH JOHN R | | | | | | | 2. Issuer Name and Ticker or Trading Symbol HAWKINS INC [HWKN] | | | | | | | | | | p of Reportin blicable) ctor | ng Pe | rson(s) to Is | |
| (Last) (First) (Middle) 3100 EAST HENNEPIN AVENUE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/17/2011 | | | | | | | | | | | ficer (give title low) VP, Industri | | Other (specify below) | |
| (Street) MINNEAPOLIS MN 55413 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ine) X | | | | | |
| | | Tabl | e I - Nor | n-Deriv | ative | Se | curitie | es Ac | quired | , Dis | posed o | f, oı | r Ber | efici | ally O | νne | ed | | | |
| 2. Transa Date (Month/D | | | | | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code | Transaction Code (Instr. | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | 4 and Secui Bene | | cially I Following | Forr (D) | wnership m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | | v | Amount | | (A) or (D) | Price | Trans | | action(s) 3 and 4) | | | (Instr. 4) |
| Common Stock 06/17. | | | | | | | 2011 | | A | | 4,493 | 3 | Α | \$ | 0 | 10,290 | | | D | |
| Common Stock | | | | | | | | | | | | | | | 26,675 | | | I | By ESOP Trustee | |
| | | Та | ıble II - D | | | | | | | | sed of, onvertib | | | | | ed | | | | |
| L. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution I if any (Month/Day | Date, | | Transaction Code (Instr. | | of | | Exercis on Date Day/Ye | | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) | | nstr. 3 | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | of | ımber ares | | | | | | |

Explanation of Responses:

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

06/21/2011

** Signature of Reporting Person

Date

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

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.

^{*} 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).