SEC Form 4	
------------	--

 $\square$ 

## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject	t 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

OWR APPRC	IVAL								
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

	or Section 30(h) of the Investment Company Act of 1940						
Person*	2. Issuer Name and Ticker or Trading Symbol HAWKINS INC [ HWKN ]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
		X	Director	10% Owner			
(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 08/07/2008		Officer (give title below)	Other (specify below)			
	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	ividual or Joint/Group Filing (Check Applicab				
55/13		X	Form filed by One Reporting Person				
55415			Form filed by More th Person	nan One Reporting			
(Zip)							
	55413	Person*       2. Issuer Name and Ticker or Trading Symbol         HAWKINS INC [ HWKN ]         (Middle)         SNUE         55413	Person*     2. Issuer Name and Ticker or Trading Symbol HAWKINS INC [ HWKN ]     5. Rela (Check X       (Middle)     3. Date of Earliest Transaction (Month/Day/Year) 08/07/2008     5. Rela (Check X       SNUE     4. If Amendment, Date of Original Filed (Month/Day/Year) X     6. Indiv Line) X	Person*       2. Issuer Name and Ticker or Trading Symbol       5. Relationship of Reporting P         (Middle)       HAWKINS INC [ HWKN ]       5. Relationship of Reporting P         (Middle)       3. Date of Earliest Transaction (Month/Day/Year)       5. Relationship of Reporting P         (Middle)       3. Date of Earliest Transaction (Month/Day/Year)       6. Individual or Joint/Group Fill         STATE       4. If Amendment, Date of Original Filed (Month/Day/Year)       6. Individual or Joint/Group Fill         STATE       Form filed by One Represented by More the 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)	Transaction Code (Instr.		4. Securities Disposed Of 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 (D)	Price	Transaction(s) (Instr. 3 and 4)		(1130.4)
Common Stock	08/07/2008		A		1,000	A	(1)	6,161	D	

 
 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		6. Date Exerc Expiration Da (Month/Day/Y	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. Not applicable.

## /s/ W. Morgan Burns on behalf 08/11/2008

<u>of Daryl I. Skaar</u>

\*\* Signature of Reporting Person Date

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

 $^{\ast}$  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.