FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5

OMB APPROVAL		
OMB Number:	3235-0287	
Estimated average b	urden	

HAWKINS HOWARD M HAWKINS INC [HWKN] (Chec	eck all applicable	eporting Person(s) to Issuer
HAWKINS HOWARD M HAWKINS INC [HWKN] (Chec	eck all applicable Director		s) to issuei
	_		
			10% Owner Other (specify
(Last) (First) (Middle) 3.100 EAST HENNEPIN AVENUE 3. Date of Earliest Transaction (Month/Day/Year) 09/11/2008	below)		below)
) Form filed b	/Group Filing (Cf by One Reporting by More than On	g Person
(City) (State) (Zip)			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially	y Owned		
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) 2. A. Deemed Execution Date, if any (Month/Day/Year) (Month/Day/Year) 3. Transaction Disposed Of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Follow Reported	Form: Dir (D) or Ind	ect of Indirect irect Beneficial
Code V Amount (A) or (D) Price	Transaction(s (Instr. 3 and 4)		(111511.4)
Common Stock 09/11/2008 W V 27,887 A (1)	168,341	1 D	
Common Stock	64,195	i I	By wife
Common Stock ⁽²⁾	92,862	? I	By ESOP Trustees
Table II - Derivative Securities Acquired, Disposed of, or Beneficially O (e.g., puts, calls, warrants, options, convertible securities)	Owned		
Derivative Conversion Date Execution Date, Transaction Of Expiration Date Amount of Derivative Conversion Of Expiration Date Code (Instr. Derivative Code (Instr. Deriva	erivative deriva Security Security Benefi Owned Follow Repor	rities Form: ficially Direct or Ind wing (I) (Ins rted eaction(s)	Beneficial Ownership irect (Instr. 4)

Date

(D)

Expiration

Explanation of Responses:

- 1. Not applicable.
- 2. As of report last dated September 11, 2008.

/s/ W. Morgan Burns on behalf 09/15/2008 of Howard M. Hawkins

** Signature of Reporting Person

of Shares

Title

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.