SEC Form 4

FORM 4

| UNITED STATES SECURITIES AND EXCHA | NGE COMMISSION |
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| | |

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

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* | | | 2. Issuer Name and Ticker or Trading Symbol | 5. Relationship of Reporting Person(s) to Issuer | | | | | |
|--|---------|----------|---|--|--|--|--|--|--|
| Lange Douglas A. | | - | HAWKINS INC [HWKN] | (Check all applicable) Director 10% Owner | | | | | |
| (Last) 2381 ROSEGA | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 04/03/2023 | X Officer (give title Other (specify below) below) VP - WATER TREATMENT GROUP | | | | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | Line) X Form filed by One Reporting Person | | | | | |
| ROSEVILLE | MN | 55113 | | Form filed by More than One Reporting Person | | | | | |
| (City) | (State) | (Zip) | Rule 10b5-1(c) Transaction Indication | 1 | | | | | |
| | | | Check this box to indicate that a transaction was made pursuant satisfy the affirmative defense conditions of Rule 10b5-1(c). See | | | | | | |

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) | | | | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|------|---|--------|---------------|---------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 04/03/2023 | | F | | 3,272 | D | \$44.13 | 15,793.071(1) | D | |
| Common Stock | | | | | | | | 419.058 | Ι | By ESOP Trustee |
| Common Stock | | | | | | | | 941.214 | Ι | By IRA |

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

| | | (ö.g., pt | , 00 | uno, 1 | | | optiono, c | | | oundoo | , | | | |
|---|--|---|------------------------------|--------|---|--------------------------|---------------------|--|-------|---|--|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deriv Secu Acqu (A) o Dispe | posed D) str. 3, 4 | | nd 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) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 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. Includes 39.547 shares acquired June 2022-March 2023 pursuant to the Issuer's dividend reinvestment plan and 649 shares acquired June-December 2022 pursuant to the Issuer's employee stock purchase plan.

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

<u>04/05/2023</u>

** 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.

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