Health Fitness Corp /MN/ Form 4 May 18, 2006

## FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

30(h) of the Investment Company Act of 1940

**OMB APPROVAL** 

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

response...

if no longer subject to Section 16. Form 4 or Form 5

obligations

Check this box

**SECURITIES** Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

may continue. See Instruction

1(b).

(Print or Type Responses)

(Last)

Common

Stock

1. Name and Address of Reporting Person \* WHITMAN LINDA HALL

(Street)

(First) (Middle)

3620 EILEEN STREET

**ORONO, MN 55359** 

2. Issuer Name and Ticker or Trading

Symbol Health Fitness Corp /MN/ [HFIT]

3. Date of Earliest Transaction

(Month/Day/Year) 05/16/2006

4. If Amendment, Date Original

Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

X\_ Director 10% Owner Officer (give title Other (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

6. Ownership 7. Nature of

Indirect

Beneficial

Ownership

(Instr. 4)

Form: Direct

(D) or

Indirect (I)

(Instr. 4)

Person

5. Amount of

Beneficially

Securities

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

(City) (State)

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3)

(Month/Day/Year)

(Zip)

4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

Owned Following Reported Transaction(s)

or Code V Amount (D) Price

(A)

(Instr. 3 and 4)

20,000 D

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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

### Edgar Filing: Health Fitness Corp /MN/ - Form 4

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. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Da (Month/Day/Y	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 0.65					05/08/2001	05/07/2007	Common Stock	12,000	
Stock Option (Right to Buy)	\$ 0.6					05/16/2002	05/16/2008	Common Stock	12,000	
Stock Option (Right to Buy)	\$ 0.5					05/16/2003	05/16/2009	Common Stock	12,000	
Stock Option (Right to Buy)	\$ 1.55					05/16/2004	05/16/2010	Common Stock	15,000	
Stock Option (Right to Buy)	\$ 2.55					05/16/2005	05/16/2011	Common Stock	15,000	
Stock Option (Right to Buy)	\$ 1.95	05/16/2006		A	15,000	05/16/2006	05/16/2012	Common Stock	15,000	

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
· <b>r</b>	Director	10% Owner	Officer	Other		
WHITMAN LINDA HALL						
3620 EILEEN STREET	X					
ORONO, MN 55359						

Reporting Owners 2

## **Signatures**

/s/ Wesley W. Winnekins as Attorney-In-Fact for Linda H. Whitman pursuant to Power of Attorney previously filed

05/18/2006

\*\*Signature of Reporting Person

Date

## **Explanation of Responses:**

- \* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Signatures 3