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

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or

Form 5 obligations

may continue. See Instruction

SECURITIES

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

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

1(b).

(Last)

1.Title of

Security

(Instr. 3)

Common

Stock

(Print or Type Responses)

1. Name and Address of Reporting Person * PENN JOHN C

(First) (Middle)

854 NINE MILE COVE

(Street)

HOPKINS, MN 55343

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)

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

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

Person

5. Amount of

Beneficially

Securities

Following

Transaction(s)

Reported

Owned

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

(City) (State)

2. Transaction Date 2A. Deemed

(Month/Day/Year) Execution Date, if

(Zip)

(Month/Day/Year)

4. Securities TransactionAcquired (A) or Code Disposed of (D)

(Instr. 8)

(Instr. 3, 4 and 5)

(A) or

Code V Amount (D) Price

(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 information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1474 (9-02)

6. Ownership 7. Nature of

Indirect

Beneficial

Ownership

(Instr. 4)

Form: Direct

(D) or

Indirect (I)

(Instr. 4)

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

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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. Transacti Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exerci Expiration Da (Month/Day/Y	te	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					
· r	Director	10% Owner	Officer	Other		
PENN JOHN C						
854 NINE MILE COVE	X					
HOPKINS, MN 55343						

Reporting Owners 2

Signatures

/s/ Wesley W. Winnekins as Attorney-In-Fact for John C. Penn 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.

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