Edgar Filing: Reynolds James O - Form 4

Reynolds Jar Form 4	mes O											
March 01, 20	010											
FORM	14									OMB AF	PPROVAL	
	UNITE	D STATES				ND EXC D.C. 205		IGE C	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer						Expires:	January 31, 2005					
subject to	o SIAII	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						Estimated average				
	Section 16. SECURITIES Form 4 or							burden hours per response 0.5				
Form 5 obligatio								•	e Act of 1934,			
may cont See Instru 1(b).	tinue. Section 1		of the In	•		•	- ·		1935 or Section 0	n		
(Print or Type I	Responses)											
			2. Issuer Name and Ticker or Trading Symbol Health Fitness Corp /MN/ [FIT]						5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction			(Chec	(Check all applicable)					
1650 WEST 1100	F 82ND STREE	ET, SUITE	(Month/D 02/25/20	ay/Year)					Director X Officer (give below) Chief		Owner er (specify er	
(Street) 4.			4. If Ame	4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
MINNEAP	OLIS, MN 554	.31	Filed(Mor	th/Day/Ye	ear)				· · · · · · · · · · · · · · · · · · ·	One Reporting Pe Iore than One Re		
									Person			
(City)	(State)	(Zip)	Tabl	e I - Non	-De	rivative S	Securit	ies Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction E (Month/Day/Ye	ar) Executio any	med n Date, if Day/Year)	Code (Instr. 8	tion	4. Securit (A) or Dis (Instr. 3, 4	sposed 4 and 5 (A) or	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common						Amount	(D)	Price \$		-		
Stock	02/25/2010			U		37,977	D	¥.78	0	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.

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

Reporting Owners

Edgar Filing: Reynolds James O - 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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	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)	\$ 4.96	02/25/2010		D	25,000	<u>(1)</u>	02/01/2014	Common Stock	25,000

Reporting Owners

Reporting Owner Name / Address	Relationships					
i o	Director	10% Owner	Officer	Other		
Reynolds James O 1650 WEST 82ND STREET SUITE 1100 MINNEAPOLIS, MN 55431			Chief Medical Officer			

Signatures

/s/ Wesley W. Winnekins as Attorney-in-Fact for James O. Reynolds pursuant to Power of 02/26/2010 Attorney previously filed.

**Signature of Reporting Person

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).

This option was canceled in the merger in exchange for a cash payment representing the difference between the exercise price of the (1) option and the market value of the underlying FIT common stock on the effective date of the merger (\$8.78 per share).

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.

Date

Γ S