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

Health Fitness Corp /MN/				
Form 4				
May 18, 2006				
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION	OMB APPROVAL			
Washington, D.C. 20549	OMB Number:	3235-0287		
Check this box	Expires:	January 31, 2005		
subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES	Estimated average burden hours per response 0.5			
Section 16. SECURITIES Form 4 or				
Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,	response	0.5		
obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section				
<i>See</i> Instruction 1/(a) of the Fublic County Holding Company Act of 1955 of Section 30(h) of the Investment Company Act of 1940 1(b).				
(Print or Type Responses)				
1. Name and Address of Reporting Person [*] 2. Issuer Name and Ticker or Trading 5. Relationship of F SHEFFERT MARK W Symbol Issuer Health Fitness Corp /MN/ [HFIT] (7) - 1	5. Relationship of Reporting Person(s) to Issuer			
(Check	all applicable)		
(Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year)X_Director	10%	Owner		
	Officer (give title Other (specify			
(Street) 4. If Amendment, Date Original 6. Individual or Join Filed(Month/Day/Year) Applicable Line)	6. Individual or Joint/Group Filing(Check Applicable Line)			
MINNEAPOLIS, MN 55402 Form filed by Mo Person				
(City) (State) (Zip) Table I Non Derivative Sequenties Acquired Disposed of				
Table 1 - Non-Derivative Securities Acquired, Disposed of,		-		
Security(Month/Day/Year)Execution Date, if anyTransactionAcquired (A) or CodeSecuritiesF(Instr. 3)anyCodeDisposed of (D)Beneficially(I(Month/Day/Year)(Instr. 8)(Instr. 3, 4 and 5)OwnedIn FollowingIn	form: Direct D) or ndirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
(A) Reported (A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price				
Common 75,722 E Stock)			

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)

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 Dat (Month/Day/Y	Date Exercisable and biration Date bnth/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		А	15,000	05/16/2006	05/16/2012	Common Stock	15,000	

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

Reporting Owners

Reporting Owner Name / AddressRelationshipsDirector10% OwnerOfficerOtherSHEFFERT MARK W80 SOUTH EIGHTH STREETXVVMINNEAPOLIS, MN 55402VVVV

Signatures

/s/ Wesley W. Winnekins as Attorney-In-Fact for Mark W. Sheffert 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.