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

OIVIB APPROVAL							
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hours per respense	0.5						

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

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

				Rela	ation	nships													
Report	ing Ov	vners																	
Employee Stock Option (Right to Buy)	\$ 18.53	12/01/2009		A		34,565		12/01	/201	0(3)	12/01	1/2019 <sup>1</sup>	(3)	Common Stock	34,565	\$ 0	34,565	D	
Employee				Code	V	(A)	(D)	Date Exercis	sable	1	Expira	ition Da	te T	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4	,
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	3A. Deemed Execution Date, if	(e.g., puts 4. Transaction Code		5. Number		rants, options, co 6. Date Exerci Date (Month/Day/Y		conver cisable	osed of, or Beneficia onvertible securities) isable and Expiration Year)		on 7		ng	8. Price of Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s	Owners Form o Derivat Security Direct ( or Indir	Ownersh y: (Instr. 4) (D)
Reminder: R	eport on a se	parate line for each c	elass of securities be	neficially	y ow	vned direct	ly o	P	erso	orm a	re no	t requi	red t		d unless		contained i displays a	n SEC	1474 (9-02)
Common	Stock		12/01/2009					A		38,8 (1)	86	A	\$ 0	89,629	0.516 <sup>(2)</sup>			D	
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Ye	Execution I		on Date, if	Co (In	de		(A) o (Instr	4. Securities Acquire (A) or Disposed of (Instr. 3, 4 and 5)  (A) or Amount (D)			Owned I Transact (Instr. 3	Amount of Securities Beneficia ned Following Reported nsaction(s) tr. 3 and 4)		·	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
(City)	)	(State)	(Zip)				Ta	able I - N	Non-E	Derivat	tive Se	ecuritie	s Acc	quired, Dis	sposed of,	or Benefici	ially Owned		
(Street) BATESVILLE, IN 47006				4. If Amendment, Date Original Filed(Month/Day/Year)									_X_ Form	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person					
(Last) (First) (Middle) ONE BATESVILLE BOULEVARD				3. Date of Earliest Transaction (Month/Day/Year) 12/01/2009									_X_ Of	X_Officer (give title below) Other (specify below)  Senior Vice President					
1. Name and Address of Reporting Person * Raver Joe Anthony				2. Issuer Name <b>and</b> Ticker or Trading Symbol Hillenbrand, Inc. [HI]									Dir	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Print or Type	e Responses)																		

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Raver Joe Anthony								
ONE BATESVILLE BOULEVARD			Senior Vice President					
BATESVILLE, IN 47006								

## **Signatures**

Carol A. Roell As Attorney-in-Fact for Joe A. Raver	12/03/2009		
**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.
- (1) Consists of unvested shares of Restricted Stock subject to vesting conditions based on the Company's financial performance.
- (2) Includes 87,427 unvested shares of Restricted Stock subject to vesting conditions based on the Company's financial performance.

 $\textbf{(3)} \ \ \text{The option vests in three equal annual installments beginning on the date indicated}.$ 

 $Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, {\it see}\ Instruction\ 6 for procedure.$ 

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.