FORM 4

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

OMB APPROVAL
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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

(Print or Ty	pe Response	S)												
1. Name and Address of Reporting Person* HENDERSON JAMES A				2. Issuer Name and Ticker or Trading Symbol Hillenbrand, Inc. [HI]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) (Middle) 4228 RIVERSIDE			3. Date of Earliest Transaction (Month/Day/Year) 08/19/2010						Office	r (give title belo	ow)	Other (specify l	pelow)	
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
	BUS, IN 4													
(City	")	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	3. Transaction Code (Instr. 8)		(A) or	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		Following	6. Ownership Form:	7. Nature of Indirect Beneficial
			(Month/Day/Year)	Cod	9	V Amou	(A) or (D)	Price	(Instr. 3 a	and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common	Stock		08/19/2010		P		1,000) A	\$ 20.29	9,000			D	
				Derivative Securit		th	ne form d I, Disposed	isplays a l of, or Ben	curre eficial	ntly valid	OMB con	spond unle trol numbe		
1. Title of	l ₂	3. Transactio		e.g., puts, calls, wa	arrants, 5.		ons, conve			itle and	Q Deigo of	9. Number	of 10.	11. Natur
	Conversion or Exercise Price of Derivative Security	Date	Year) Execution Da	te, if Transaction Code Year) (Instr. 8)	Number and		and Expirat	Expiration Date onth/Day/Year)		. Title and .mount of Inderlying ecurities (nstr. 3 and)	Derivative Security (Instr. 5)		Owners Form of Derivati Security Direct (or Indire	of Indirect Beneficia Ownershi (Instr. 4)
				Code V	(A) (Date Exercisable	Expiration Date	n Title	Amount or Number of Shares				

Reporting Owners

D 41 0 N 4	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
HENDERSON JAMES A 4228 RIVERSIDE COLUMBUS, IN 47203	X					

Signatures

Carol A. Roell As Attorney-In-Fact for James A. Henderson	08/20/2010
**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.