FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 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

(Print or Ty	pe Response	s)																
1. Name and Address of Reporting Person * WILSON PAUL DOUGLAS					2. Issuer Name and Ticker or Trading Symbol Hillenbrand, Inc. [HI]						5.	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) ONE BATESVILLE BOULEVARD					3. Date of Earliest Transaction (Month/Day/Year) 03/06/2014							X Officer (give title below) Other (specify below) Sr. VP, & Chief Adm. Officer						
(Street)				4. If	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						
	/ILLE, IN														d by More than	One Reporting	i cison	
(City	")	(State)		(Zip)			Tab	ble I - N	on-D	erivative	Securi	ities A	cquir	ed, Dispo	osed of, or I	Beneficially	Owned	
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	Execut		if C	Code (Instr. 8)		ion 4. Securities Acquired (A or Disposed of (D) (Instr. 3, 4 and 5)				Beneficially Owned Following Reported Transaction(s)			6. Ownership Form:	Beneficial	
						(Month/Day/Year)		Code	V	Amount	(A) or (D)	Pri	ce	(Instr. 3	and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
C	Stock		03/06	/2014				S		24,193	D	\$ 31.0	376	23,297			D	
	Report on a s	separate line	for each	class of secu	urities l	peneficially	y owi	ned dire	Pe	rsons wh	no res				ction of inf			1474 (9-02)
	Report on a s	separate line	for each		- Deriv	ative Secu	ıritie	es Acqu	Pe co the	rsons wh ntained i e form dis Disposed	no res in this splays	form s a cu Benefi	are r irrent	not requ tly valid	ired to res	ormation spond unle rol numbe	ss	1474 (9-02)
Reminder:		3. Transacti	ion	Table II - 3A. Deemed Execution D	· Deriv (e.g.,]	ative Secu puts, calls, 4. Transactic	s A ((A) C) (I)	es Acqu rrants, o	Pe co the ired, option 6. an (N	rsons wh ntained i e form dis Disposed	of, or tible s	Benefi securit	icially icially 7. Titl Amou Under Securi (Instr. 4)	not requitly valid Owned le and ant of clying	OMB cont	pond unle	of 10. Owners Form of Derivati Security Direct (or Indire	11. Natur of Indirec Beneficia Ownershi :: (Instr. 4)

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
WILSON PAUL DOUGLAS							
ONE BATESVILLE BOULEVARD			Sr. VP, & Chief Adm. Officer				
BATESVILLE, IN 47006							

Signatures

By Carol A. Roell As Attorney-In-Fact for Paul Douglas Wilson	03/06/2014
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.