FORM 4

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

| OMB APPROVAL | | | | | | |
|---------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
| Estimated average b | urden | | | | | |
| 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

| (Print or Type | responses) | | | | | | | | | | | | | | | | |
|----------------------------------------------------------|-----------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------|-----------------|----------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------|
| 1. Name and Address of Reporting Person * BOHMAN DIANE R | | | 2. Issuer Name and Ticker or Trading Symbol Hillenbrand, Inc. [HI] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)Director10% Owner | | | | | | | |
| ONE BAT | (Last) (First) (Middle) ONE BATESVILLE BOULEVARD | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/01/2015 | | | | | | _X_Off | X_Officer (give title below) Other (specify below) Sr VP, Chief Adm Officer | | | | | |
| (Street) BATESVILLE, IN 47006 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person | | | | | | | |
| (City) | | (State) | (Zip) | | | | Table | I - Non-D | erivativ | e Securit | ties Acq | uired, Dis | posed of, | or Benefic | ially Owned | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Yea | Exec ar) any | | (Instr. 8) | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | of (D) | Owned I Transact | | | 1 | 6. Ownership Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | (Month/ | | Month/Day/Year) | | Code | e V | Amour | (A) or (D) | Price | (Instr. 3 | (Instr. 3 and 4) | | (| | | | |
| Common S | Stock | | 12/01/2015 | | | | A | | 3,003 (1) | A | \$ 30.84 | 28,370 | .8695 | | - |) | |
| Common S | Stock | | 12/01/2015 | | | | F | | 963 | D | \$ 30.84 | 27,407 | .8695 | | - |) | |
| Reminder: Re | eport on a sep | parate line for each c | class of securities ber | neficiall <u>:</u> | ly owned | d direct | ly or ind | Perso | | | | | | | contained i | n SEC | 1474 (9-02) |
| Reminder: Re | eport on a se | parate line for each c | | I - Deri | ivative S | Securiti | ies Acqu | Perso this fo curre | orm are ntly val | not req id OMB f, or Bene | uired t contro eficially | o respon I number | d unless | | contained i | n SEC | 1474 (9-02) |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion | 3. Transaction Date | Table I 3A. Deemed Execution Date, if | I - Deri (e.g., 4. Transac Code | ivative S, puts, ca 5. Cction of See 88) Accorr | Securiti alls, wa | ies Acquirrants, er 6.1 Da s (M | Perso this fo curred dired, Dis- options, o | orm are ntly val posed o converti | not requid OMB | eficially ities) | o respon I number | Amount | the form 8. Price of | | f 10. Owners Form of Derivati Security Direct (or Indir | 11. Nature of Indire Benefici Ownersh: (Instr. 4) |
| 1. Title of Derivative Security | 2. Conversion or Exercise Price of Derivative | 3. Transaction Date | Table I 3A. Deemed Execution Date, if any | I - Deri (e.g., 4. Transac Code | ivative S 5 ction of Sees 8) Accorr of (In and | Number Deriva ecurities cquired Dispose f (D) nstr. 3, | ies Acquirrants, er 6.1 Da is (M (A) eed 4, | Perso this for current inted, Dis- options, o Date Exer- te onth/Day. | posed of converting cisable a | not requid OMB | eficially ities) ation 7 o S | o respond I number Owned Title and f Underlying ecurities | d unless Amount | 8. Price of Derivative Security | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(| f 10. Owners Form of Derivati Security Direct (or Indires) | 11. Nature of Indire Benefici Ownersh: (Instr. 4) |

Reporting Owners

| | | Relationships | | | | | |
|--------------------------------------------------------------------|----------|---------------|--------------------------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| BOHMAN DIANE R ONE BATESVILLE BOULEVARI BATESVILLE, IN 47006 | | | Sr VP, Chief Adm Officer | | | | |

Signatures

| By Carol A. Roell As Attorney-In-Fact for Diane R. Bohman | 12/03/2015 |
|-----------------------------------------------------------|------------|
| **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).
- (1) Consists of shares issued upon vesting of performance-based restricted stock units.

(2) Options 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, 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.