| FORM 4 |
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| Check this box if no |
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| longer subject to |
| Section 16. Form 4 or |
| Form 5 obligations |
| may continue. See |
| Instruction 1(b). |
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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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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

| 1. Name and Address of Reporting Person LOUGHREY F JOSEPH | 2. Issuer Name and Ticker or Trading Symbol Hillenbrand, Inc. [HI] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner | | | | |
|--|--|--|-------------|---------------------|------------------------|---------------|---|--------------------------------------|--|-------------------------|--|
| ONE BATESVILLE BOULEVAR | | 3. Date of Earliest Transaction (Month/Day/Year) 02/14/2019 | | | | | Officer (give title below)O | ther (specify bel | ow) | | |
| (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 Person Form filed by More than One Reporting Person | | | | |
| (City) (State) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | |
| 1.Title of Security | 2. Transaction | 2A. Deemed | 3. Transact | tion | 4. Securi | ties Acqu | uired | 5. Amount of Securities Beneficially | 6. | 7. Nature | |
| (Instr. 3) Date | | Execution Date, if | Code | | (A) or Disposed of (D) | | of (D) | Owned Following Reported | Ownership | of Indirect | |
| (Month/Day/Year | | any (Instr. 8) | | (Instr. 3, 4 and 5) | | | | Transaction(s) | Form: | Beneficial | |
| | | (Month/Day/Year) | Code | v | Amount | (A) or (D) | Price | (Instr. 3 and 4) | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (a a nuts calls warrants ontions onvertible securities

| (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | |
|---|------------|------------|---|------|---|---|--|-------------|--|-----------------|--|--|--|------------|--|
| 1. Title of Derivative Security (Instr. 3) | Conversion | | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code |) | of Derivat Securiti Acquire (A) or Dispose of (D) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | Derivative | Derivative Securities Beneficially Owned Following Reported Transaction(s) | Derivative Security: Direct (D) or Indirect | Beneficial | |
| | | | | Code | v | (A) | | Excicisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Restricted Stock Units (Deferred Stock Award) 2/14/2019 | <u>(1)</u> | 02/14/2019 | | А | | 3,749 | | (2) | (2) | Common Stock | 3,749 | \$ 44.01 | 3,749 | D | |

Reporting Owners

| | Relationships | | | | | | | |
|---|---------------|--------------|---------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| LOUGHREY F JOSEPH ONE BATESVILLE BOULEVARD BATESVILLE, IN 47006 | Х | | | | | | | |

Signatures

| By: Michelle A. Stratton as Attorney-In-Fact for F. Joseph Loughrey | 02/15/2019 |
|---|------------|
| -**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) Conversion or Exercise Price of Derivative Securities is 1-for-1.
- (2) These stock units vest immediately upon grant. However, delivery of these shares will not occur until the occurrence of one of the following: a change in control of the Company, the director's death or permanent and total disability, or one day after the date the director ceases to be a director of the Company.

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.