## Edgar Filing: ANDRINGA MARY VERMEER - Form 4

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	A MARY VE	RMEER										
Form 4	2011											
January 18,												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB APPROVAL					
UNITED STATES SECURITIE					ington, D.C. 20549					3235-0287		
if no longer									Expires:	January 31, 2005		
subject to STATEMENT OF CHA Section 16.				ANGES IN BENEFICIAL OWNERSHIP ( SECURITIES					Estimated average burden hours per			
Form 4 o Form 5	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							response	0.5			
obligatic		-					-					
may continue.												
<i>See</i> Instruction 30(h) of the Investment Company Act of 1940												
1(b).												
(Print or Type	Responses)											
				2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer				
Symoc				LLER HERMAN INC [MLHR]								
								(Check all applicable)				
(Last)	(First)	(Middle)		f Earliest T	ransaction			V Dimeter	100	0		
				th/Day/Year) 5/2011				X_ Director 10% Owner Officer (give title Other (specify below) below)				
	(Street)		4 If Ame	ndmant D	oto Origino	1		6 Individual or Io	int/Group Filir	r (Chaole		
				4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
Theu(Monu/Day/Tear)							_X_ Form filed by One Reporting Person					
ZEELAND, MI 49464 Form filed by More than One Reporting Person								porting				
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction			3. Terre et i	4. Securi			5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/ Y	Day/Year) Execution Date, if Transaction(A) or Disposed of ( any Code (Instr. 3, 4 and 5)					Securities Beneficially	Form: Direct Indirect (D) or Beneficial				
(	(Month/Day/Year) (Instr. 8)			- /	Owned	Indirect (I)	Ownership					
						Following	(Instr. 4)	(Instr. 4)				
						(A)		Reported Transaction(s)				
				Code V	Amount	or	Drigg	(Instr. 3 and 4)				
Common						(D)	Price \$					
Stock	01/15/2011			А	3,062	А	¢ 26.12	47,513.1	D			

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day/	ate Exercisable and iration Date nth/Day/Year)		le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
ANDRINGA MARY VERMEER 855 EAST MAIN AVENUE P.O. BOX 302 ZEELAND, MI 49464	Х								
Signatures									
By: Angela C. Burgess For: Mary Andringa		01/18/2011							
<u>**</u> Signature of Reporting Person	n		Da	te					
Explanation of Poenoneoe:									

## 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. y valid OMB number.