Edgar Filing: POLARIS INDUSTRIES INC/MN - Form 4

POLARIS I Form 4 April 03, 20	NDUSTRIES IN	C/MN								
FORM	14 UNITED	STATES		RITIES A			E COMMISSIO	N OMB Number:	NPPROVAL 3235-0287 January 31,	
if no lor subject Section Form 4 Form 5 obligati may co <i>See</i> Inst 1(b).	nger to 16. or Filed pur ons ntinue.	ExpiresFATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIESEstimat burden responseiled pursuant to Section 16(a) of the Securities Exchange Act of 1934, tion 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940Securities Exchange Act of 1934, tion 17(a) of the Investment Company Act of 1940								
(Print or Type	Responses)									
1. Name and Address of Reporting Person <u>*</u> Hendrickson Gary E			2. Issuer Name and Ticker or Trading Symbol POLARIS INDUSTRIES INC/MN [PII]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 2100 HIGHWAY 55			3. Date of Earliest Transaction (Month/Day/Year) 04/01/2014				X_ Director 10% Owner Officer (give titleOther (specify below)Other (specify			
	(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)				nal	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
	MN 55340						Person		· · · · · · · · · · · · · · · · · · ·	
(City) 1.Title of Security (Instr. 3)	(State) 2. Transaction Date (Month/Day/Year)	Execution any	ed Date, if	Table I - Non-Derivative Securities A 3. 4. Securities if TransactionAcquired (A) or Code Disposed of (D) ar) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect		
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities bene	Pers info requ	ons who re rmation con lired to resp	or indirectly. spond to the colle tained in this forn ond unless the fo ently valid OMB co	n are not rm	SEC 1474 (9-02)	

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

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Price
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities	Deriva
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Securit

number.

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(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				(Instr.	
			Code V	(A)	(D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
CSE (1)	<u>(2)</u>	04/01/2014	А	166.6	<u>(1)</u>	(1)	Common Stock	166.6	\$ 142

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Hendrickson Gary E 2100 HIGHWAY 55 MEDINA, MN 55340	Х						
Signatures							
Jennifer Carbert, Attorney-in-Fact	0	4/03/2014					
** 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).
- Common Stock Equivalents (CSE) are credited to director accounts under the Company's Deferred Compensation Plan for
 (1) Non-Employee Directors. The Plan has been approved by a vote of shareholders. Upon termination of his/her services, a Director is entitled to receive one share of common stock for each CSE earned.
- (2) 1 for 1 conversion
- (3) Includes 9.69 CSEs acquired pursuant to a dividend reinvestment feature of the Plan.

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.