EDGAR Online

MILLER HERMAN INC

Reported by

NICKELS ELIZABETH A

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 03/27/12 for the Period Ending 03/26/12

Address	855 E MAIN AVE PO BOX 302 ZEELAND, MI 49464-0302
Telephone	6166543000
CIK	0000066382
Symbol	MLHR
SIC Code	2520 - Office Furniture
Industry	Furniture & Fixtures
Sector	Consumer Cyclical
Fiscal Year	05/30

Powered By EDGAR Online
http://www.edgar-online.com
© Copyright 2012, EDGAR Online, Inc. All Rights Reserved.
Distribution and use of this document restricted under EDGAR Online, Inc. Terms of Use.

FORM 4

[ ] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *	2. Issuer Name **and** Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)
NICKELS ELIZABETH A (Last) (First) (Middle)	**MILLER HERMAN INC [MLHR]**	_____ Director _____ 10% Owner __ **X** __ Officer (give title below) _____ Other (specify below) **Pres HM Healthcare**
855 EAST MAIN AVENUE, P.O. BOX 302 (Street)	3. Date of Earliest Transaction (MM/DD/YYYY) **3/26/2012**	
ZEELAND, MI 49464 (City) (State) (Zip)	4. If Amendment, Date Original Filed (MM/DD/YYYY)	6. Individual or Joint/Group Filing (Check Applicable Line) _ **X** _ Form filed by One Reporting Person ___ Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)	2. Trans. Date	2A. Deemed Execution Date, if any	3. Trans. Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			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 Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	**3/26/2012**		**S**		**9100**	**D**	**$22.793** (1)	**22526.5452** (2)	**D**	
Common Stock								**2129.35**	**I**	**by profit share plan**

Table II - Derivative Securities Beneficially Owned (*e.g.* , puts, calls, warrants, options, convertible securities)

1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

(1) Shares sold in several lots with prices ranging from $22.75 through $22.82.

(2) The directly owned common stock holdings reflected in Table I of this form include shares acquired through participatation in the Herman Miller Dividend Reinvestment Plan, which satisfies the exemption of Rule 16b-2.

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
NICKELS ELIZABETH A **855 EAST MAIN AVENUE** **P.O. BOX 302** **ZEELAND, MI 49464**			**Pres HM Healthcare**	

Signatures

By: Angela C. Burgess For: Elizabeth A. Nickels **3/27/2012**

** Signature of Reporting Person Date

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

***** 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.

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.