Health Fitness Corp /MN/ Form 5 February 14, 2007

Check this box if

no longer subject

to Section 16.

5 obligations

may continue.

Form 4 or Form

## FORM 5

**OMB APPROVAL** 

**OMB** 3235-0362 Number: January 31,

Expires: 2005

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ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940

Form 4

Transactions Reported

1. Name and Address of Reporting Person * BERNARDS JAMES A			2. Issuer Name and Ticker or Trading Symbol Health Fitness Corp /MN/ [HFIT]	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Statement for Issuer's Fiscal Year Ended	(Check all applicable)			
			(Month/Day/Year)	X Director 10% Owner			
			12/31/2006	Officer (give title Other (specify below)			
7200 METR	O BOULEV	ARD		below) below)			
(Street)			4. If Amendment, Date Original	6. Individual or Joint/Group Reporting			
			Filed(Month/Day/Year)	(check applicable line)			
EDINA, N	MNÂ 55439						
				_X_ Form Filed by One Reporting Person Form Filed by More than One Reporting Person			
(City)	(State)	(Zip)		· ID. IO DOUID			

(City)	(State)	(Zip) Tab	ole I - Non-De	rivative Se	curitie	es Acqu	ired, Disposed	of, or Benefic	cially Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned at end of Issuer's	Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Amount	(A) or mount (D) Price		Fiscal Year (Instr. 3 and 4)	Instr. 3 and (Instr. 4)	
Common Stock	07/25/2006	Â	J4 <u>(1)</u>	50,000	D	\$ 0	0	I	Brightstone Capital
Common Stock	07/25/2006	Â	J4 <u>(2)</u>	25,000	A	\$ 0	61,000	D	Â

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.

SEC 2270 (9-02)

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	int of	Derivative
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)
	Derivative				Securities			(Instr.	3 and 4)	
	Security				Acquired					
					(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
									Amount	
									Amount	
						Date	Expiration	m: 1	or	
						Exercisable	Date	Title	Number	
					<i>(</i> 1) <i>(</i> 2)				of	
					(A) (D)				Shares	

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
BERNARDS JAMES A 7200 METRO BOULEVARD EDINA, MN 55439	ÂΧ	Â	Â	Â			

## **Signatures**

/s/ Wesley W. Winnekins as Attorney-In-Fact for James A. Bernards pursuant to Power of Attorney previously filed

02/13/2007

of D

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\*\*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) Brightstone Capital distributed 50,000 shares to its partners.
- (2) Pro-rata distribution from Brightstone Capital (as referenced in Note (1)), of which the reporting person is a partner.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.

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