

HILLENBRAND, INC.

Reported by **DREYER ELIZABETH E.**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 10/03/11 for the Period Ending 09/30/11

Address ONE BATESVILLE BOULEVARD

BATESVILLE, IN 47006

Telephone (812)931-2304

CIK 0001417398

Symbol HI

SIC Code 3990 - Miscellaneous Manufacturing Industries

Industry Furniture & Fixtures

Sector Consumer Cyclical

Fiscal Year 09/30



] 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 Expires: November 30,

2011

Estimated average burden

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP hours per response... 0.5 **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.	2. Issuer Name and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
DREYER ELIZABETH E.					Hillenbrand, Inc. [HI]													
(Last) (First) (Middle)				3.	3. Date of Earliest Transaction (MM/DD/YYYY)								Directo	Director 10% Owner				
														X Officer (give title below) Other (specify				
ONE BATESVILLE BOULEVARD													vP Cont.	VP Cont. & Chief Acct. Officer				
(Street)														6. Individual or Joint/Group Filing (Check Applicable Line)				
BATESVILLI	E, IN 47	006																
(City)	(City) (State) (Zip)													_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Table I	- Non-I)eriv	ativ	e Seci	uritie	s Acq	uire	ed, Disp	sed of	, or	r Beneficially	Owned				
1.Title of Security (Instr. 3)				2. Tra Date	ns.	2A. Deeme Execut Date, i	ed C tion (I	. Trans. Code Instr. 8)	. Securities Acquired (A Disposed of Instr. 3, 4 a) or (E) (D)	Following Reported T (Instr. 3 and 4)		es Beneficially Owned ransaction(s)		Ownership Form: Benefic Direct (D) Owners	Beneficial Ownership		
				any			Code	V A	Amount (A						or Indirect (Instr. 4) (I) (Instr. 4)	(Instr. 4)		
Tabl	le II - Dei	rivative (Securitie	es Be	nefi	icially	Own	ed (<i>e</i>	.g. ,	puts, ca	lls, wa	rra	ınts, options,	convert	ible secur	ities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security			4. Trans. Code (Instr. 8)	. E S A E	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)					Securit Derivat	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	of derivative Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr.	Beneficial	
				Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	1	Amount or Number of Shares		Transaction (s) (Instr. 4)	4)		
Restricted Stock Units (Deferred Stock Award) 11/1/10	(2)	9/30/2011		A (3)		31		11/2/2		11/2/2013	Comm Stock		31	\$18.40	2989	D		

Explanation of Responses:

- (1) Restricted stock units vest 25% on 11/2/2011; 25% on 11/2/2012 and 50% on 11/2/2013. Stock units are entited to dividend equivalent rights, which accrue on dividend record dates.
- (2) Conversion of Exercise Price of Derivative Securities is 1-for-1.
- (3) Restricted stock units are entitled to dividend equivalent rights, which accrue on dividend record date.

Reporting Owners

Demonting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
DREYER ELIZABETH E. ONE BATESVILLE BOULEVARD			VP Cont. & Chief Acct. Officer					
BATESVILLE, IN 47006								

/s/ Carol A. Roell As Attorney-In-Fact for Elizabeth E. Dreyer

10/3/2011

** 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.