Edgar Filing: Munden Robert Linton Reeves - Form 4

| Munden Rob Form 4 April 09, 201 | ert Linton Reeves | | | | | | | | | | |
|--|---|----------------|-------------------------------------|--|---|--------------------|--|---|--|------------------------|--|
| <u> </u> | | | | | | | | | OMB A | PPROVAL | |
| FORM | UNITEDS | TATES | | ITIES A hington, | | | NGE (| COMMISSION | OMB Number: | 3235-0287 | |
| Check this box if no longer subject to Section 16. Form 4 or | | | | | | | Expires: January 31 2009 Estimated average burden hours per response 0.9 | | | | |
| Form 5 obligation may conti <i>See</i> Instru 1(b). | nue. Section 17(a |) of the | | ility Hold | ling Com | ipany | Act o | ge Act of 1934, f 1935 or Sectio 40 | | | |
| (Print or Type R | esponses) | | | | | | | | | | |
| Munden Robert Linton Reeves Symb | | | Symbol | 2. Issuer Name and Ticker or Trading Symbol HARTE HANKS INC [HHS] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) 9601 MCAL SUITE 610 | (First) (M | iddle) 'AY, | 3. Date of (Month/Da 04/09/20 | - | ansaction | | | Director X Officer (give below) | 10% | 6 Owner er (specify | |
| | | | | nendment, Date Original onth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| SAN ANTO | NIO, TX 78216 | | | | | | | Person | Aore than One Ro | eporung | |
| (City) | (State) (2 | Zip) | Table | e I - Non-D | erivative | Securi | ties Ac | quired, Disposed of | f, or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution any | emed on Date, if Day/Year) | Code | 4. Securi onAcquirec Disposec (Instr. 3, | l (A) c l of (D |)) | Securities Beneficially | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Indirect Beneficial | |
| Common Stock | 04/09/2010 | | | Code V A | Amount 2,000 (1) | (D) A | Price \$ 0 | | 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. 5. Number of TransactiorDerivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8 E S (1 |
|---|---|---|---|--|---------|--|--------------------|---|-------------------------------------|-------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Stock Option (right to buy) | \$ 13.19 | 04/09/2010 | | А | 40,000 | (2) | 04/07/2020 | Common Stock | 40,000 | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|--|---------------|-----------|--------------------------|-------|--|--|
| FB | Director | 10% Owner | Officer | Other | | |
| Munden Robert Linton Reeves 9601 MCALLISTER FREEWAY, SUITE 610 SAN ANTONIO, TX 78216 | | | Sr VP, GC & Secretary | | | |

Signatures

| Robert L. R. | |
|--|------------|
| Munden | 04/09/2010 |
| <u>**</u> 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) These shares of restricted stock were issued pursuant to the 2005 Omnibus Incentive Plan and 100% of such shares will vest on April 9, 2013.
- (2) This option was granted under the 2005 Omnibus Incentive Plan and vests in four equal installments on the second through fifth anniversaries of the grant date.

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.