

EBERLE JON J
Form 5
February 14, 2003

FORM 5

OMB
APPROVAL

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 Number:
3235-0362

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Expires: January 31, 2005

Form 3
Holdings Reported

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(h) of the Investment Company Act of 1940

Estimated average burden hours per response. . . . 1.0

Form 4
Transactions Reported

| | | | |
|---|---|---|---|
| 1. Name and Address of Reporting Person* Eberle Jon J (Last) (First) (Middle) 1016 Civic Center Drive NW (Street) Rochester Minnesota | 2. Issuer Name and Ticker or Trading Symbol HMN Financial, Inc. / HMNF | | 6. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director _____ 10% Owner <input checked="" type="checkbox"/> _____ Officer (give title below) _____ Other (specify below) <u>Vice President/ Controller</u> |
| | 3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary) | 4. Statement for Month/Day/Year December 31, 2002 | |
| | 5. If Amendment, Date of Original (Month/Day/Year) | 7. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> _____ Form filed by One Reporting Person _____ Form filed by More than One Reporting Person | |

| 55901 | | | | | | | | | | |
|---------------------------------|--|--|--------------------------------|--|---|------------|---------|--|--|---|
| (City) (State) (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially 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 the end of Issuer's Fiscal Year (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Amount | (A) or (D) | Price | | | |
| Common Stock | 12/31/02 | | A | | 409 | A | \$10.00 | 5,206# | I | ESOP Allocation |
| Common Stock | | | | | | | | 1,126* | I | 401(k) |
| | | | | | | | | | | |
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If the form is files by more than one reporting person, see instruction 4(b)(v).

#Number of shares includes the 2002 ESOP allocation and an adjustment due to a reallocation of the 2001 allocation.
 *Number of shares reported in 401(k) is estimated based on cash value of individual's account and stock price at 12/31/02.

| 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. Transaction Code (Instr. 8) | | 5. Securities 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. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) |
| | | | | (A) | (D) | (A) | (D) | Date Exercisable | Expiration Date | | | |

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| | | | | | | | | | Number of Shares | |
|---------------|---------|--|--|--|--|--|--|--|------------------|-----|
| Option to Buy | \$16.13 | | | | | | | | | 9,8 |
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Explanation of Responses:

^ Reflects the grant of options to purchase shares of restricted stock under the HMN Financial, Inc. 2001 Omnibus Stock Plan. The options accelerate vesting provided HMN's ROE for 2002 equals or exceeds 11%.

/s/ Timothy Johnson POA for Jon Eberle

February 14, 2003

**Signature of Reporting Person

Date

Reminder: ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations
See 18 U.S.C. 1001 or 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