FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO              | OVAL      |  |  |  |  |
|---|------------------------|-----------|--|--|--|--|
|   | OMB Number:            | 3235-0287 |  |  |  |  |
|   | Estimated average burd | len       |  |  |  |  |
| l | hours per response:    | 0.5       |  |  |  |  |

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name an   |   | 2. Issuer Name <b>and</b> Ticker or Trading Symbol HAWKINS INC [ HWKN ] |                   |                        |       |   |   |        |                              |                       | k all app<br>Dired         | olicable)<br>ctor   | ng Person(s) to I                     | Owner               |  |  |   |  |
|--|---|---|-------------------|------------------------|-------|---|---|--------|------------------------------|-----------------------|----------------------------|---|---------------------------------------|---------------------|--|--|---|--|
| (Last) (First) (Middle) 3100 EAST HENNEPIN   |   |   |                   |                        |       |   | 3. Date of Earliest Transaction (Month/Day/Year) 09/12/2005 |        |                              |                       |                            |   |                                       |                     | belov  | ,  | Other (specify below) maceutical                                  |  |
| (Street) MINNEAPOLIS MN 55413 (City) (State) (Zip)   |   |   |                   |                        |       |   | 4. If Amendment, Date of Original Filed (Month/Day/Year)    |        |                              |                       |                            |   |                                       |                     | lividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person |  |   |  |
|  |   | Tabl  | e I - N           | on-Deriv               | ative | Sec                                     | uritie  | s Ac   | quirec                       | l, Di                 | sposed o                   | f, or E   | Benefi                                | cially              | Owne   | ed   |   |  |
| 1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)   |   |   |                   |                        |       | Execution Date,                         |   |        | 3.<br>Transa<br>Code (<br>8) |                       | 4. Securitie<br>Disposed C |   | and 5) Secur<br>Benef                 |                     | icially<br>d Following   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |   |   |                   |                        |       | Code                                    | v   | Amount | (A) or<br>(D)                | Pric                  | •                          | Transaction(s)<br>(Instr. 3 and 4)  |                                       |                     | (111501.4)   |  |   |  |
| Common Stock 09/12/20  |   |   |                   |                        |       |   | 005   |        |                              |                       | 1,000                      | D   | \$13                                  | .1415               | 15 3,595.473   |  | D   |  |
| Common Stock <sup>(1)</sup>  |   |   |                   |                        |       |   |   |        |                              |                       |                            |   |                                       |                     | 1  | 4,559  | I   | By<br>ESOP<br>Trustees   |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |   |                   |                        |       |   |   |        |                              |                       |                            |   |                                       |                     |  |  |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | Date<br>(Month/Day/Year)  | Executi<br>if any | Execution Date, if any |       | 4.<br>Transaction<br>Code (Instr.<br>8) |   |        |                              | Exercion Da<br>/Day/Y |                            | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |                                       | Deri<br>Sec<br>(Ins | vative<br>urity<br>ir. 5)  | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(<br>(Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|  |   |   |                   |                        | Code  | v                                       | (A)   | (D)    | Date<br>Exercis              | sable                 | Expiration<br>Date         | Title   | Amour<br>or<br>Number<br>of<br>Shares | r                   |  |  |   |  |

## Explanation of Responses:

1. As of the latest report dated 3/31/05.

/s/ W. Morgan Burns on behalf of Daniel E. Soderlund

09/14/2005

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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 Number.