Edgar Filing: CORNESS JOHN B - Form 4

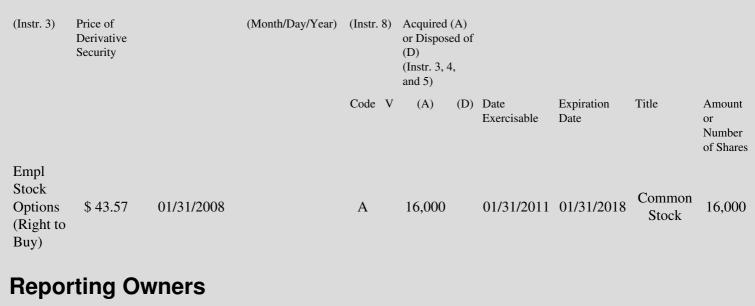
| CORNESS | JOHN B | | | | | | | | |
|--|---|--|---|--|--------------------------|--|--|--|---|
| Form 4 | | | | | | | | | |
| February 04 | | | | | | | | 0.115 | |
| FORM | 14 | STATES | SECU | DITIES | ND EV | CHANCE | COMMISSIO | | PPROVAL |
| | UNITED | SIAIES | | shington | | | | N OMB Number: | 3235-0287 |
| Check t if no lor | nger | | | | | | | | January 31, 2005 |
| subject to STATEMENT Section 16. Form 4 or | | | OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | average urs per . 0.5 |
| Form 5 obligation may con <i>See</i> Inst 1(b). | ons ntinue. Section 17 | (a) of the H | Public U | tility Hol | ding Coi | | nge Act of 1934, of 1935 or Secti 940 | | |
| (Print or Type | Responses) | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> CORNESS JOHN B | | | 2. Issuer Name and Ticker or Trading Symbol | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | POLARIS INDUSTRIES INC/MN [PII] | | | | (Check all applicable) | | |
| (Last) (First) (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | Director 10% Owner X_ Officer (give title Other (specify below) below) | | |
| 2100 HIGH | 1WAY 55 | | 01/31/2008 | | | | VP Human Resources | | |
| (Street) | | | 4. If Amendment, Date Original | | | | 6. Individual or Joint/Group Filing(Check | | |
| | NO1 55240 | | Filed(Mc | nth/Day/Yea | r) | | Applicable Line) _X_ Form filed by Form filed by | y One Reporting P More than One R | |
| MEDINA, | MN 55340 | | | | | | Person | | 8 |
| (City) | (State) | (Zip) | Tab | le I - Non-l | Derivative | Securities A | cquired, Disposed | of, or Beneficia | lly Owned |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deema Execution any (Month/Da | Date, if | 3. Transactio Code (Instr. 8) | Disposed (Instr. 3, | (A) or of (D) 4 and 5) (A) or | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Pamindar Pa | nort on a sonarata lin | a for anal al | and of soo | Code V | | (D) Price | ar indiractly | | |
| Keminder: Ke | port on a separate lin | e for each ch | | unties bene | Perso inforr requi | ons who res nation cont red to resp | spond to the colle ained in this forn ond unless the fo ntly valid OMB co | n are not rm | SEC 1474 (9-02) |
| | 71.1 | | atim G | | numb | | Donoficially Owned | | |

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. Number of | 6. Date Exercisable and | 7. Title and Amount of |
|-------------|-------------|---------------------|--------------------|------------|--------------|-------------------------|------------------------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transactio | orDerivative | Expiration Date | Underlying Securities |
| Security | or Exercise | | any | Code | Securities | (Month/Day/Year) | (Instr. 3 and 4) |

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| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|--------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| CORNESS JOHN B 2100 HIGHWAY 55 MEDINA, MN 55340 | | | VP Human Resources | | | | |
| Signatures | | | | | | | |
| Peggy James, Attorney-in-Fact | 02/0 | 4/2008 | | | | | |

**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).

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.