### Edgar Filing: MALONE MICHAEL W - Form 4

	MICHAEL W										
Form 4	2000										
February 27											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB APPROVAL				
		~		shington					Number:	3235-0287	
Check th if no lon	ger								Expires:	January 31,	
subject t		MENT O	F CHANGES IN BENEFICIAL OWNERSHIP OF						Estimated average 2005		
Section	SECURITIES						burden hou	rs per			
Form 4 o Form 5		rement to (	Saction 1	6(a) of the		tion 1	Fychango	Act of 1934,	response	0.5	
obligatio	ons Section 17							1935 or Section			
may con <i>See</i> Instr	unue.			•	•	-	ct of 1940		L.		
1(b).	uction	~ /			ľ	2					
(Print or Type)	Responses)										
1. Name and A	Address of Reporting	Person *	2 Issue	2. Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to			
MALONE MICHAEL W			Symbol		u Heker o	i iiuu	0	Issuer			
			POLARIS INDUSTRIES INC/MN				C/MN	(Check all applicable)			
			[PII]					(Check an applicable)			
(Last)	(First) (	Middle)	3. Date o	f Earliest T	ransaction			Director		Owner	
2100 HIGHWAY 55			(Month/Day/Year)					_X_ Officer (give title Other (specify below) below)			
2100 HIGH	IWAI 55		02/26/2	2009				V	P Finance		
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
			Filed(Mo	nth/Day/Yea	ur)			Applicable Line) _X_ Form filed by O	ne Reporting Pe	rson	
MEDINA, I	MN 55340							Form filed by Me			
								Person			
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secu	rities Acqu	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of	2. Transaction Date		1 \						6.	7. Nature of	
Security (Instr. 3)	(Month/Day/Year)	Execution any	Date, 1f	Transactio Code	order Disposed of (D) (Instr. 3, 4 and 5)			Securities Beneficially	Ownership Indirect Form: Benefici	Indirect Beneficial	
(111511: 5)		•	Day/Year) (Instr. 8)				5)	Owned	Direct (D)	Ownership	
								Following Reported	or Indirect (I)	(Instr. 4)	
						(A)		Transaction(s)	(I) (Instr. 4)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common	02/26/2000						\$	52 052	D		
Stock	02/26/2009			М	6,794	А	14.7188	53,053	D		
Common	00/06/0000			Ν	( ))(	•	\$	50.280	D		
Stock	02/26/2009			М	6,336	А	15.7813	59,389	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.

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# 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. Transactic Code (Instr. 8)	5. Number prof Derivative 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)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Options (Right to Buy)	\$ 14.7188	02/26/2009		М	6,794	04/03/2003	04/03/2010	Common Stock	6,794
Employee Stock Options (Right to Buy)	\$ 15.7813	02/26/2009		М	6,336	04/01/2002	04/01/2009	Common Stock	6,336

## **Reporting Owners**

Reporting Owner Name / Addre	ess	Relationships						
	Director	10% Owner	Officer	Other				
MALONE MICHAEL W 2100 HIGHWAY 55 MEDINA, MN 55340			VP Finance					
Signatures								
Michael W. Malone	02/27/2009							

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.

<u>\*\*</u>Signature of Reporting Person