#### HARTE HANKS INC

Form 4 January 02, 2008

### FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB 3235-0287 Number:

**OMB APPROVAL** 

January 31, Expires: 2005

0.5

Estimated average burden hours per response...

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

1(b).

may continue.

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 See Instruction

(Print or Type Responses)

1. Name and Address of Reporting Person \* **Shepard Doug** 

(Zip)

(Last) (First) (Middle)

200 CONCORD PLAZA DR., SUITE 800

(Street)

(State)

2. Issuer Name and Ticker or Trading Symbol

HARTE HANKS INC [HHS]

3. Date of Earliest Transaction (Month/Day/Year)

12/31/2007

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director 10% Owner X\_ Officer (give title Other (specify below)

Chief Financial Officer

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

#### SAN ANTONIO, TX 78216

(City)

(City)	(State)	Zip) Table	e I - Non-D	erivative S	Securi	ities Acq	quired, Disposed	of, or Beneficial	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if		3. 4. Securities Acquired Transaction(A) or Disposed of Code (D)			5. Amount of 6. Ownership Securities Form: Direct Beneficially (D) or	7. Nature of Indirect Beneficial		
(Hisu. 3)		any (Month/Day/Year)	(Instr. 8)	(Instr. 3, 4 and 5)			Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		
Common Stock	12/31/2007		A	4,335 (1)	A	\$ 17.3	4,335	D	
Common Stock	12/31/2007		A	7,500 (2)	A	\$ 17.3	11,835	D	

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

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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 of onDerivative 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
Stock Option (right to buy)	\$ 17.3	12/31/2007		A	50,000	(3)	12/31/2017	Common Stock	50,000

### **Reporting Owners**

Reporting Owner Name / Address	Relationships							
<b>F</b>	Director	10% Owner	Officer	Other				
Shepard Doug 200 CONCORD PLAZA DR. SUITE 800 SAN ANTONIO, TX 78216			Chief Financial Officer					

## **Signatures**

Bryan J. Pechersky, Power of Attorney 01/02/2008

\*\*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).
- (1) These shares of restricted stock were issued pursuant to the 2005 Omnibus Incentive Plan and 100% of such shares will vest on December 31, 2008.
- (2) These shares of restricted stock were issued pursuant to the 2005 Omnibus Incentive Plan and 100% of such shares will vest on December 31, 2010.
- (3) This option vests in 25% increments 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.

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