Clearfield, Inc. Form 4 May 24, 2013

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

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if no longer subject to Section 16. Form 4 or Form 5 obligations may continue.

Check this box

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

Stock

1(b).

(Print or Type Responses)

05/23/2013

See Instruction

| 1. Name and Address of Reporting Person * HAYSSEN CHARLES N | | Person * 2. Issuer Symbol | 2. Issuer Name and Ticker or Trading Symbol | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
|---|---------------------|--|--|-------------|----------------------|---|--|--------------|--|--|
| (Last) | | Clearfield, Inc. [CLFD] 3. Date of Earliest Transaction | | | | (Check all applicable) | | | | |
| (East) | (First) (M | , 2.24.00 | (Month/Day/Year) | | | X Director | 10% | 6 Owner | | |
| C/O CLEAI NATHAN I | ` | 05/23/2013 | | | | | er (specify | | | |
| | 4. If Ame | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) | | | | |
| | Filed(Mon | | | | | | | | | |
| PLYMOUTH, MN 55442 | | | | | | _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (State) (| Zip) Table | e I - Non-D | erivative S | Securities A | Acquired, Disposed | of, or Beneficia | lly Owned | | |
| 1.Title of | 2. Transaction Date | 2A. Deemed | 3. | 4. Securi | ties Acquir | ed 5. Amount of | 6. Ownership | 7. Nature of | | |
| Security (Month/Day/Year) Executive | | Execution Date, if | | on(A) or Di | isposed of | Securities | Form: Direct | Indirect | | |
| (Instr. 3) any | | • | Code | (D) | 4 15 | Beneficially | (D) or | Beneficial | | |
| | | (Month/Day/Year) | (Instr. 8) | (Instr. 3, | 4 and 5) | Owned | Indirect (I) | Ownership | | |
| | | | Code V | Amount | (A) or (D) Pri | Following Reported Transaction(s) (Instr. 3 and 4) | (Instr. 4) | (Instr. 4) | | |
| Common | 05/23/2013 | | D | 5 686 | Δ \$ | 07.818 | D | | | |

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

P

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

D

97,818

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

5,686

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| 1. Title of | 2. | 3. Transaction Date | | 4. | 5. | 6. Date Exerc | | 7. Titl | | 8. Price of | 9. Nu |
|--------------------------------------|---|---------------------|-------------------------|-----------------|--|---------------------|--------------------|------------------------------------|--|--------------------------------------|---|
| Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | (Month/Day/Year) | any (Month/Day/Year) | Code (Instr. 8) | ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | Amou Under Securi (Instr. | rlying | Derivative Security (Instr. 5) | Deriv Secur Bene Own Follo Repo Trans (Instr |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

HAYSSEN CHARLES N C/O CLEARFIELD INC. 5480 NATHAN LANE NORTH PLYMOUTH, MN 55442

X

Signatures

Daniel Herzog by Power of Attorney for Charles N. Hayssen

05/24/2013

**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.

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