FORM 4

obligations may continue. See Instruction 1(b).

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number:

Estimated average burden hours per response: 0.5

Eilad nurguant to	Section 16(a) of th	a Sacuritiae E	vchange Act o	of 102
i lieu pui suai it to	Section Io(a) or th	e Securities L	.xcriarige Act t	U T90-
or Section	20(h) of the Invect	mont Compar	2V Act of 1040	

Name and Address of Reporting Person* McDonald Louise M.				2. Issuer Name and Ticker or Trading Symbol MILLER HERMAN INC [MLHR]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title X below)					
(Last) (First) (Middle) 855 EAST MAIN AVENUE P.O. BOX 302				3. Date of Earliest Transaction (Month/Day/Year) 07/14/2017									below) X below) President - HM Healthcare						
(Street)		II	49464		4. li	Amer	ndmei	nt, Date	of Origina	al File	d (Month/E	ay/Ye	ear)	Lin	X Form	filed by On filed by Mo	e Repo	g (Check Ap orting Person one Repo	on
(City)	(S		(Zip)																
Table I - No 1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date,		3. 4. Section Disposition Code (Instr.			of, or Beneficially rities Acquired (A) or ed Of (D) (Instr. 3, 4 and 5)			5. Amou Securiti Benefici Owned	5. Amount of		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount		(A) or (D)	Price	Transac (Instr. 3	tion(s)			(Instr. 4)		
Common	Stock			07/14	/2017				M		2,730)	A	\$0.0	5,535	5.9928(1)		D	
Common	Stock			07/14	/2017				F		917.99	28	D	\$34.2	5 4,	,618		D	
Common	Common Stock		07/14/2017					A		3,303	(2)	A	\$0.0	7,921			D		
Common	Stock			07/14	/2017				F		1,044	1	D	\$34.2	5 6,	,877		D	
Common	Stock			07/14	/2017				A		1,546	(2)	A	\$0.0	8,	,423		D	
Common	Stock			07/14	/2017				F		489		D	\$34.2	5 7,	,934		D	
Common	Stock														2,20)3.094		I	by profit share plan
		Т	able II								osed of				Owned			•	
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3A. Dee Execution (Month/Day/Year) Execution if any (Month/Day/Year)		med 4.		ction	5. Number 6		6. Date Exercisal Expiration Date (Month/Day/Year		able and 7. Title and Amount of		Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	tive ties cially l ing ed ction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirec Beneficia Ownershi (Instr. 4)			
				Code		v	(A)	(D)	Date Exercisa		Expiration Date	or Nur of		Number					
Restricted Stock Units	(3)	07/14/2017			М			2,730	(4)		(4)		nmon ock	2,730	\$0.0	8,726	5	D	

Explanation of Responses:

- 1. The Number of Derivative Securities Beneficially Owned Following Reported Transaction reflected in Table I of this form includes dividend equivalent units reinvested in the corresponding vesting RSUs, which satisfies the exemption of Rule 16b-2.
- 2. Shares issued July 14, 2017 pursuant to Performance Share Units granted on July 14, 2014 under the Company's 2011 LTIP with a three year performance period.
- 3. Each restricted stock unit represents a contingent right to receive one share of MLHR common stock.
- 4. The restricted stock units have a three year cliff vest.

By: Angela M. Shamery For: Louise M. McDonald

07/18/2017

** Signature of Reporting Person

Date

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

- * 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.