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, I | D.C. | 20549 |
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| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
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OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Manheimer Heidi J | | | | | | 2. Issuer Name and Ticker or Trading Symbol MILLER HERMAN INC [MLHR] | | | | | | | | | | | olicable) | ng Person(s) to Issu 10% Ow | | | |
|--|--|--------|----------|---|----------------------------|--|--------------|--|--------|--------------------|---|--|---------------|---------------|--|---|---|--------------------------------|--|---|--|
| (Last) (First) (Middle) 855 EAST MAIN AVENUE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/13/2017 | | | | | | | | | | | Officer (give title relow) | | Other (specify below) | | |
| P.O. BOX 302 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) ZEELAN | ND M | [| 19464 | | | | | | | | | | | | X | X Form filed by One Reporting Per Form filed by More than One Re Person | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | curitie | s Acc | quired | , Dis | posed o | f, o | r Ben | eficia | ally | Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/ | | | | | Execut Day/Year) if any | | xecution any | a. Deemed secution Date, any lonth/Day/Year) | | | | ties Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and S B O | | 5. Amount of Securities Beneficially Owned Following Reported | | ership Direct ndirect r. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | | v | Amount | | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock | | | | | 01/13/2017 | | | | | | 2,677 | | A | \$31. | .75 | 5 10,513.516 ⁽¹⁾ | | I |) | | |
| | 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 Execution Date if any (Month/Day/Year) (Month/Day/Year) | | | n Date, | 4. Transaction Code (Instr. 8) | | ı of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | nstr. 3 | Deriv Secu | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | m: ect (D) ndirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nu of | mber | | | | | | | | |

Explanation of Responses:

1. The directly owned common stock holdings reflected in Table I of this form include shares acquired through participation in the Herman Miller Dividend Reinvestment Plan, which satisfies the exemption of Rule 16b-2.

> By: Angela M. Shamery For: Heidi J. Manheimer

01/17/2017

** 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.