FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

Manheimer Heidi J		. Date of Event lequiring Staten Month/Day/Year 1/17/2014	nent	3. Issuer Name and Ticker or Trading Symbol MILLER HERMAN INC [MLHR]							
(Last) 855 EAST MA	(Last) (First) (Middle) 855 EAST MAIN AVENUE					ationship of Reporting Perso c all applicable) Director	son(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)		
P.O. BOX 302	!					Officer (give title below)	Other (specify below)		Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person		
(Street) ZEELAND	MI	49464								y More than One	
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
					ially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable a Expiration Date (Month/Day/Year)		ate	3. Title and Amount of Secur Underlying Derivative Secur		ity (Instr. 4) Conve		se Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
		Date Exercisable	Expiration Date	n Title	Amount or Secu Number of		Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)			

Explanation of Responses:

No securities are beneficially owned.

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

01/24/2014

** 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 5 (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.