FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

Time of Type reesponses)												
Name and Address of Reporting Person VERONNEAU MARCEL			2. Issuer Name and Ticker or Trading Symbol TECHNE CORP /MN/ [TECH]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			
614 MCKINLEY PLA	3. Date of Earliest Transaction (Month/Day/Year) 05/08/2008						X Officer (give title below) Other (specify below) VP-Hematology operations					
(Street) MINNEAPOLIS, MN 55413			4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acqui				red, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		3. Transact Code (Instr. 8)			isposed of (D)		Owned Following Reported Transaction(s)	6. Ownership Form:	Beneficial	
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock		05/08/2008		F		330	D	\$ 73.53	30,114	D		
Common Stock		05/08/2008		М		748	A	\$ 32.50	30,862	D		
Common Stock									6,476	I	by stock bonus plan	
Reminder: Report on a sep	parate line for each	h class of securities	beneficially owned	directly or ir	direc	etly.						
				c	onta	ained in	this fo	rm are	ne collection of information not required to respond unless th alid OMB control number.		1474 (9-02)	

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

eemed 4. 5. Number 6. Date Exercisable and 7. Title and

Derivative Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transac Code	tion	5. No of Deri Secu Acqu (A) o Disp of (I (Inst	sposed		ble and	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction(s)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	Beneficial
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Employee stock option	\$ 32.50	05/08/2008		М			748	07/01/2001	06/30/2008	Common Stock	748	\$ 0	0	D	
Employee stock option	\$ 56.83							07/27/2007	07/26/2014	Common Stock	510		510	D	
Employee stock option	\$ 49.43							07/27/2006	07/27/2013	Common Stock	567		567	D	
Employee stock options	\$ 51.60							08/18/2005	08/17/2012	Common Stock	475		475	D	
Employee stock option	\$ 37.011							12/01/2005(1)	11/30/2010	Common Stock	15,000		15,000	D	
Employee stock option	\$ 40.47							07/09/2004	07/08/2011	Common Stock	505		505	D	
Employee stock option	\$ 33.85							08/14/2003	08/13/2010	Common Stock	670		670	D	
Employee stock option	\$ 28.22							07/01/2002	06/30/2009	Common Stock	785		785	D	

Reporting Owners

B # 0 N /AII	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
VERONNEAU MARCEL 614 MCKINLEY PLACE N.E. MINNEAPOLIS, MN 55413			VP-Hematology operations						

Signatures

Marcel Veronneau	05/09/2008
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) Exercisable 5000 each on 12/1/03, 12/1/04 and 12/1/05

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.