## FORM 4

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

OMB APPRO	OVAL
OMB Number:	3235-0287
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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

(Print or Typ	e Responses	)																		
	l Address of EAU MAI	Reporting Person * RCEL		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 MCK	ast) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) KINLEY PLACE N.E. 07/25/2008								X Officer (give title below) Other (specify below)  VP-Hematology Operations											
					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							
	POLIS, MI													Fon	n filed by M	fore than One R	eporting Person			
(City	)	(State)	(Zip)				able	I - No	n-Der	ivati	ve Se	curities A	Acqu	ired, D	isposed	of, or Benef	ficially Own	ied		
1.Title of Se (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Year	2A. Dec Execution any (Month	on D	Date, if	Coc (Ins	ransact le str. 8)	tion	(A)	or Dis	ies Acqui sposed of 4 and 5)		Owned Following Reported Ow Transaction(s) For		6. Ownershi Form: Direct (D)	of Be	Nature Indirect neficial vnership		
				(	24)	,, 1041)		Code	V	Amo	ount	(A) or (D)	Price	or In			or Indirec			
Common S	Stock													30,86	52			D		
Common	Stock													6,476				I		stock nus an
Reminder: R	Report on a se	eparate line for each	class of securities	beneficia	lly o	wned	direct	F	Perso conta	ns v ined	in th	nis form	are	not re	quired t	of informa to respond ntrol numb	l unless th		C 147	4 (9-02)
			Table II -											Owne	ed					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, it	4. Transac Code	tion	5. Nu of	rative rities ired rosed ) . 3,	1	te Exe	rcisal Date	ate A Year) U		7. Ti Amo Undo Secu	Amount of Underlying Securities Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form Oeriva Securi Direct or Indi	of tive ty: (D) frect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exerc	isable		Expi Date	ration	Title		Amount or Number of Shares					
Employee stock option	\$ 79.41	07/25/2008		A		385		07/2	25/20	800	07/2	24/2015		nmon ock	385	\$ 0	385	D	1	
Employee stock option	\$ 56.83							07/2	27/20	07	07/2	26/2014		nmon ock	510		510	D		
Employee stock option	\$ 49.43							07/2	27/20	06	07/2	27/2013		nmon ock	567		567	D		
Employee stock option	\$ 51.60							08/1	18/20	005	08/1	7/2012		nmon ock	475		475	D		
Employee stock option	\$ 37.011							12/01	1/200	5 <u>(1)</u>	11/3	30/2010		nmon ock	15,000		15,000	D		
Employee stock option	\$ 40.47							07/0	09/20	004	07/0	08/2011		nmon ock	505		505	D		
Employee stock option	\$ 33.85							08/1	14/20	003	08/1	3/2010		nmon ock	670		670	D		
Employee stock option	\$ 28.22							07/0	01/20	002	06/3	30/2009		nmon ock	785		785	D		

### **Reporting Owners**

D		Relationships					
Repor	ting Owner Name / Address	Director	10% Owner	Officer	Other		

VERONNEAU MARCEL			
614 MCKINLEY PLACE N.E.		VP-Hematology Operations	
MINNEAPOLIS, MN 55413			

### **Signatures**

Marcel Veronneau	07/28/2008
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.