FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL
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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).

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)													
1. 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				
(Last) 614 MCK) INLEY PL.	3. Date of Earliest Transaction (Month/Day/Year) 06/05/2009							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 Acquired, Disposed of, or Beneficially Owned											
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		if Co (In	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			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		06/05/2009			F		348	D	\$ 63.56	30,514			D	
Common	Stock		06/05/2009			M		785	A	\$ 28.22	31,299			D	
Common S	Stock										6,616			I	by stock bonus plan
Reminder: R	Report on a se	eparate line for each	ch class of securities	beneficially owner	ed dire	F	erso	ons who ained in	this fo	rm are	he collection of	to respond	d unless th		1474 (9-02)
				Derivative Secur		Acquired	l, Dis	posed of	or Ben	eficially	valid OMB cor	ntrol numb	er.		
1. Title of Derivative Conversion Date 3A. Deemed 4. 5. Number Execution Date, if Transaction of					Expira	Date Exercisable and 7. T xpiration Date Ame				itle and ount of		9. Number Derivative	Owners	11. Natu	

Derivative Security			Execution Date, if any (Month/Day/Year)	Code		of Deri Secu Acq (A)	vative urities uired or oosed O) tr. 3,	6. Date Exercisate and Expiration Date (Month/Day/Year)		Amount of Underlying Securities (Instr. 3 and 4)			Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Employee stock option	\$ 28.22	06/05/2009		M			785	07/01/2002	06/30/2009	Common Stock	785	\$ 0	0	D	
Employee stock option	\$ 79.41							07/25/2008	07/24/2015	Common Stock	385		385	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 option	\$ 51.60							08/18/2005	08/17/2012	Common Stock	475		475	D	
Employee stock option	\$ 37.011							12/01/2005	11/30/2010(1)	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	

Reporting Owners

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

Signatures

Marcel Veronneau	06/08/2009
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.