# 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

(Print or Typ	e Responses	)																	
1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading Symbol VERONNEAU MARCEL TECHNE CORP /MN/ [TECH]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner												
(Last) (First) (Middle) 614 MCKINLEY PLACE N.E.				3. Date of Earliest Transaction (Month/Day/Year) 07/30/2010								X Officer (give title below) Other (specify below)  VP Hematology Operations							
MINNEA	POLIS, MI	(Street) N 55413	4	. If Ame	ndm	nent, Da	ite Oi	riginal l	Filed(1	Month/	Day/Year)		X_ For	m filed by C	one Reporting P	p Filing(Chec erson eporting Person		ine)	
(City)		(State)	(Zip)			T	able	I - Non	ı-Deri	vativ	e Securities A	Acquir	ed, D	isposed (	of, or Benef	ficially Own	ied		
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year			(Instr. 8)			(A) c (Inst	curities Acquir Disposed of 3, 4 and 5)	F(D) C	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. Ownership Form: Direct (D) or Indirect (I)	of In Ben Own	lature ndirect eficial nership tr. 4)	
Common Stock							С	ode	V	Amo	unt (D)	Price	31,29	9			(Instr. 4) D		
Common Stock												6,674		I		I	by S Bor Plan		
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.  Persons who respond to the collection of information contained SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.  Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
	•			e.g., puts							tible securiti		OWIIC	<u> </u>					
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, if any (Month/Day/Year)	Code			tive ties red	Expiration Date (Month/Day/Year) U			Amount of Underlying		Derivative Security (Instr. 5)	9. Number Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form of Deriva Securit Direct or India	ship f five (y: (D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exerci	isable		Expiration Date	Title		Amount or Number of Shares					
Employee Stock Option	\$ 58.40	07/30/2010		A		1,281		07/3	30/20	10	07/29/2017	Com		1,281	\$ 0	1,281	D		
Employee Stock Option	\$ 66.25							04/30	)/201	1(1)	04/29/2017	Com	mon ock	10,000		10,000	D		
Employee Stock Option	\$ 62.46							07/2	24/20	09	07/23/2016	Com		494		494	D		
Employee Stock Option	\$ 79.41							07/2	25/20	08	07/24/2015	Com: Sto		385		385	D		
Employee Stock Option	\$ 56.83							07/2	27/20	07	07/26/2014	Com: Sto		510		510	D		
Employee Stock Option	\$ 49.43							07/2	27/20	06	07/27/2013	Com: Sto		567		567	D		
Employee Stock Option	\$ 51.60							08/1	18/20	05	08/17/2012	Com		475		475	D		
Employee Stock Option	\$ 37.011							12/0	01/20	05	11/30/2010	Comi		15,000		15,000	D		
Employee Stock Option	\$ 40.47							07/0	)9/20	04	07/08/2011	Comi		505		505	D		
Employee Stock	\$ 33.85							08/1	14/20	03	08/13/2010	Com		670		670	D		

Ontion

### **Reporting Owners**

B Add.	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	08/03/2010
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) Vested: 5000 each 4/30/2011 and 4/30/2012

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.