# FORM 4

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

OMB APPROVAL						
OMB Number: 3235-028						
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 Ty	pe Response	es)																	
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) (First) (Middle) 614 MCKINLEY PLACE N.E.					3. Date of Earliest Transaction (Month/Day/Year) 07/01/2013								VP Clinical Controls   VP Clinical Control Co						
(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								
(Cit		(State)	(Zip)				Table	e I - Non-De	rivati	ive Seci	urities	s Acqui	ired, l	Disposed	of, or Bene	ficially Owi	ned		
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)		4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5)  (A) or Amount (D)		f (D) Owned Follow Transaction(s) (Instr. 3 and 4		)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of It Ben Owr	neficial nership			
Common	Stock		07/01/2013					F	402	D		Price \$ 69.69	34,1	67			D		
Common	Stock		07/01/2013					M	567	A		\$ 49.43	34 734			D			
Common	Stock												6,827			I	By Bor Plan		
Reminder:	Report on a	separate line for ea		Derivati	ve S	ecuri	ties A	Pers cont form	ons v ained disp	d in thi days a d of, or	s for curr Bene	m are ently v	not re	equired OMB co	of informa to respon ntrol num	d unless th		1474	4 (9-02)
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transac Code	tion	5. No of Deri Secu Acqu (A) o	vative vative varities uired or osed O) r. 3,	6. Date Exc Expiration	is, options, convertible securi 6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form of Deriva Securit Direct or Indi	ship of I tive (by: (CD) rect	11. Natu of Indire Benefici Ownersh (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	e	Expira Date	tion	Title		Amount or Number of Shares					
Stock Option	\$ 49.43	07/01/2013		М			567	07/27/2006		07/26	/2013	۱ I	mon ock	567	\$ 0	0	D		
Stock Option	\$ 74.05							07/27/2012		07/26/2019		`	mon ock	1,097		1,097	D		
Stock Option	\$ 76.15							08/28/2011		08/27/2018		K I	mon ock	1,129		1,129	D		
Stock Option	\$ 76.15							06/30/201	12(1)	07/27	/2018	Sto	mon ock	20,000		20,000	D		
Stock Option	\$ 58.40							07/30/20	010	07/29	/2017	Sto	mon ock	1,281		1,281	D		
Stock Option	\$ 66.25							04/30/20	012	04/29	/2017	/	mon ock	10,000		10,000	D		
Stock Option	\$ 62.46							07/24/2009		07/23/2016		Sto	mon ock	494		494	D		
Stock Option	\$ 79.41							07/25/2008		07/24	/2015	Sto	mon ock	385		385	D		
Stock Option	\$ 56.83							07/27/2007		07/26	/2014	+1	mon ock	510		510	D		

#### **Reporting Owners**

Donostino Ossas None / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			

### **Signatures**

Marcel Veronneau	07/03/2013
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 6/30/12, 6/30/13, 6/30/14, 6/30/15

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.