(Last)

(Street)

(City)

1. Title of

MELVILLE

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|------------------|-------------------|---------------|-----------|

| | OMB APPROVAL | | | | | | | | |
|---|------------------------|-----|--|--|--|--|--|--|--|
| | OMB Number: 3235-0287 | | | | | | | | |
| l | Estimated average burd | en | | | | | | | |
| l | hours per response: | 0.5 | | | | | | | |

Form filed by More than One Reporting

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

1. Name and Address of Reporting Person*

(First)

C/O HAIN CELESTIAL GROUP INC.

NY

(State)

3. Transaction

58 SOUTH SERVICE ROAD

(Middle)

11747

(Zip)

SIMON IRWIN D

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

or Section 30(h) of the Investment Company Act of 1940 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) 2. Issuer Name and Ticker or Trading Symbol HAIN CELESTIAL GROUP INC [HAIN] Director 10% Owner Officer (give title Other (specify X below) below) 3. Date of Earliest Transaction (Month/Day/Year) 12/07/2007 Pres., CEO & Chairman of Bd 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person

| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | |
|--|--|--|-----------------------------|-----------------------|--|------------------------------------|---------|---|---|-------------|--|
| 1. Title of Security (Instr. 3) | le of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) 2. Compared to the description of the compared to the compare | | Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect | |
| | | | Code | V Amount (A) or Price | | Transaction(s) (Instr. 3 and 4) | | | | | |
| Common Stock | 12/07/2007 | | F | | 36,751(1) | D | \$32.34 | 311,881 | D | | |
| | | | | | | | | | | | |

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

5. Number

6. Date Exercisable and

| Security (Instr. 3) | or Exercise Price of Derivative Security | (Month/Day/Year) | if any (Month/Day/Year) | Code (Instr. 8) | | Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | (Month/Day/Year) | | Securities Underlying Derivative Security (Instr. 3 and 4) | | Security (Instr. 5) | Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
|------------------------|--|------------------|----------------------------|-----------------|---|--|-----|---------------------|--------------------|--|--|------------------------|--|---|---------------------------------------|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. The original Form 4 reflected the gross number of shares to be issued. This Form 4/A reflects the number of shares issued to the reporting person, net of those withheld to satisfy related tax obligations.

/s/ Irwin D. Simon

7. Title and

01/23/2008

** Signature of Reporting Person

Date

9. Number of

8. Price of

10.

11. Nature

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

3A. Deemed

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.