FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------|---------|--|--|--|--|--|--|--|
| OMB Number: | 3235-02 | | | | | | | |

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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

| 1. Name and Address of Reporting Person* | | | | | 2. Issuer Name and Ticker or Trading Symbol HAIN CELESTIAL GROUP INC [HAIN] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
|---|--|--|---------------|---------|---|--|--------------------------------------|--------------------------|------------------------------------|---|---|------|---------------|---|---|---|--|---|--|-------------|--|
| <u>Carroll John</u> | | | | | IMMY CERESTIME OROOT IIVE [IIAIN] | | | | | | | | | X | Office below | er (give title | | 10% C Other (below) | specify | | |
| (Last) (First) (Middle) C/O THE HAIN CELESTIAL GROUP, INC. 1111 MARCUS AVENUE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/26/2013 | | | | | | | | | Executive Vice President | | | | | | | |
| (Street) LAKE SUCCES | | | 11042 Zip) | | 4. If | Ame | endment | , Date o | of Original Filed (Month/Day/Year) | | | | | | . Individ ine) X | Form | or Joint/Group Filing (Check Applicable rm filed by One Reporting Person rm filed by More than One Reporting rson | | | | |
| | | | | n-Deriv | ative | Se | curitie | s Ac | quired | , Dis | posed o | f, o | r Ber | nefici | ally O | wne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date, | | Transaction Disposed Code (Instr. 5) | | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and S | | 5. Amount of Securities Beneficially Owned Following Reported | | nership Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | , lī | Transaction(s) (Instr. 3 and 4) | | | | (1113411 4) | |
| Common Stock ⁽¹⁾ 09/26/ | | | | 5/2013 | /2013 | | A | | 7,975 | | A | \$0 | | 55,835 | | | D | | | | |
| Common Stock ⁽²⁾ 09/26/ | | | | 5/2013 | ′2013 | | | F | | 2,948 | | D | \$77 | '.04 | 52,887 | | | D | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| L. Title of Derivative Security Instr. 3) 2. Conversion or Exercise Price of Derivative Security 2. Title of Conversion Date (Month/Day/Year) | | 3A. Deem Execution if any (Month/Da | on Date, Tra | | action (Instr. | Str. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Expirati (Month/ | on Dat Day/Ye | | Amount of Securities Underlying Derivative Security (Instr. and 4) | | nstr. 3 | 8. Pric Deriva Secur (Instr. | itive ity | 9. Number of derivative Securities Seneficially Owned Following Reported Transaction (Instr. 4) | Ov Fo Dii or (I) | vnership vrm: rect (D) Indirect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

- 1. Represents a grant of fully vested shares of the Issuer's common stock granted in settlement of the Issuer's 2012-2013 Long Term Incentive Plan.
- $2. \ Represents \ shares \ withheld \ to \ pay \ taxes \ incident \ to \ the \ grant \ of \ fully \ vested \ shares \ of \ common \ stock.$

<u>John Carroll</u> <u>09/30/2013</u>

** Signature of Reporting Person Date

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

- * 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.