FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average I | burden | | | | | | | | |

0.5

hours per response:

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* ALPERIN BARRY J | | | | | | 2. Issuer Name and Ticker or Trading Symbol HAIN CELESTIAL GROUP INC [HAIN] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---|--|--|------------------|---|--|---------|--------------------------------------|--|---|---------------------|---|-----------------|--|--|---|---|---|--|
| TELLINIV BINICL 5 | | | | | | | | | | | | | | | X | Direc | tor | 109 | 6 Owner |
| (Last) (First) (Middle) C/O THE HAIN CELESTIAL GROUP, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/18/2011 | | | | | | | | | | Officer (give title below) | | | Other (specify below) | |
| 58 SOUTH SERVICE ROAD, STE. 250 | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) MELVILLE NY 11747 | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| | | | | | | | | | | | | | | | | Perso | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | n-Deriv | ative | Se | curitie | s Acc | uired, | Disp | posed o | f, or | Bene | eficia | ally O | wne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/D. | | | | /Day/Year) Exe | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | rities Acquired (A) ed Of (D) (Instr. 3, | | | 4 and Se | | ount of ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | . т | Reported Transaction(s) (Instr. 3 and 4) | | | (iiisti. 4) |
| Common Stock ⁽¹⁾ 11/18 | | | | 1/18/2011 | | | | A | | 4,000 | 00 A | | \$ | 0 | 20,500 | | D | | |
| | | Та | ıble II - C | | | | | | , | | sed of, onvertib | | | | y Ow | ned | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Dat if any (Month/Day/Ye | Date, | Code (Instr. | | of E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Prio Deriva Secur (Instr. | vative urity ir. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisal | | Expiration Date | Title | or Nun of | | | | | | |

Explanation of Responses:

1. Represents a grant of restricted shares of the Issuer's common stock, which will vest in three (3) equal amounts on November 18, 2012, 2013 and 2014.

Barry J. Alperin (by Ira J. Lamel, as Attorney in Fact)

11/22/2011

** 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.