| Stacey John Form 5 | 010 | | | | | | | | | |
|---|--|----------------------|-------------------------------|---|--|---|--|---|--|--|
| August 16, 2 | | | | | | | OMB A | PPROVAL | | |
| | - | STATES SECU | RITIES AND EXCHANGE COMMISSIO | | | | OMB 3235-036 | | | |
| Check this no longer | shington, D | shington, D.C. 20549 | | | | January 31, | | | | |
| to Section Form 4 or 5 obligatio may conti <i>See</i> Instru 1(b). | ENT OF CHANGES IN BENEFICIAL RSHIP OF SECURITIES (6(a) of the Securities Exchange Act of 1934, (tility Holding Company Act of 1935 or Section restment Company Act of 1940 | | | | Expires: 2005 Estimated average burden hours per response 1.0 | | | | | |
| Transactio Reported | ons | | | 1 | | | | | | |
| 1. Name and Address of Reporting Person *2. IStacey JohnSyrHA | | | Name and Ticl | NATION | AL | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Last) C/O HARM | ment for Issuer's Fiscal Year Ended Day/Year) 2010 | | | Director 10% Owner X_ Officer (give title Other (specify below) below) Chief Human Resources Officer | | | | | | |
| | TIONAL, 400 E STREET, SUIT | E 1500 | | | | | | | | |
| | - | | | 6. Individual or Joint/Group Reporting | | | | | | |
| | | 1 neu(mo | onth/Day/Year) | (check applicable line) | | | | | | |
| STAMFOR | D, CT 06901 | | | | | _X_ Form Filed by Form Filed by M Person | | | | |
| (City) | (State) | (Zip) Tak | ole I - Non-Deri | ivative Sec | urities Acc | uired, Disposed of | f, or Beneficia | lly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | Code | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Pric | | of Issuer's Fiscal Year (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Common Stock | Â | Â | Â | Â | Â | 651.33 <u>(1)</u> | I | By 401(k) Plan | | |
| | oort on a separate line ficially owned directl | | contained in | n this forr | n are not | ollection of infor required to resp /alid OMB contro | ond unless | SEC 2270 (9-02) | | |

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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| 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) | 4. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Under Secur | rlying | 8. Price of Derivative Security (Instr. 5) | 9. O B O E I S F i (I |
|---|---|---|---|---|---|---------------------|--------------------|------------------------|--|---|--|
| | | | | | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|-----------|-------------------------------|-------|--|--|--|--|
| I G G G G G G G G G G G G G G G G G G G | Director | 10% Owner | Officer | Other | | | | |
| Stacey John C/O HARMAN INTERNATIONAL 400 ATLANTIC STREET, SUITE 1500 STAMFORD, CT 06901 | Â | Â | Chief Human Resources Officer | Â | | | | |
| Signatures | | | | | | | | |
| Jessica Stockel, as attorney in fact, for John Stacey | | | 08/16/2010 | | | | | |
| **Signature of Reporting Person | | Dat | te | | | | | |
| Explanation of Responses: | | | | | | | | |

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) As of June 30, 2010, the reporting person owns 651.330 shares of Harman common stock under the Harman 401(K) plan.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.