SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL
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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. Date of Event Requiring Statement (Month/Day/Year) 02/01/2010 02/01/2010			3. Issuer Name and Ticker or Trading Symbol <u>NORTHERN TECHNOLOGIES INTERNATIONAL CORP</u> [NTIC]					
(Last) (First) (Middle) CEDAR POINT CAPITAL			4. Relationship of Reporting Perso (Check all applicable) X Director	on(s) to Issue 10% Owne	(Mo	5. If Amendment, Date of Original Filed (Month/Day/Year)		
150 SOUTH 5TH STREET	_		Officer (give title below)	Other (spe below)	App	licable Line)	t/Group Filing (Check	
(Street) MINNEAPOLIS MN 55402	_					-	y One Reporting Person y More than One erson	
(City) (State) (Zip)								
	Table I - Non-D	erivati	ive Securities Beneficiall	y Owned				
1. Title of Security (Instr. 4)			Amount of Securities eneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock			0	D				
			e Securities Beneficially nts, options, convertible		s)			
1. Title of Derivative Security (Instr. 4)	2. Date Exercisa Expiration Date (Month/Day/Yea		3. Title and Amount of Securi Underlying Derivative Securi		4. Conversion or Exercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
Explanation of Responses:		piration ate	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		

/s/ Matthew C. Wolsfeld

** Signature of Reporting Person Date

02/01/2010

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 5 (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.