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

Coulombe Jean-Guy		Date of Event Requiring Staten Month/Day/Year 19/08/2005	iring Statement (h/Day/Year) NORTHERN TECHNOLOGIES INTERNATIONAL CORP [N						CORP [NTI]	
(Last) 6680 NORTH	(First) HIGHWAY 49	(Middle)			Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			(M	5. If Amendment, Date of Original Filed (Month/Day/Year)	
(Street) LINO LAKES	MN	55014				Officer (give title below)	Other (spe below)	Ap	plicable Line) $old X$ Form filed b	//Group Filing (Check y One Reporting Person y More than One erson
(City)	(State)	(Zip)								
Table I - Non-Derivative Securities Beneficially Owned										
				Beneficially Owned (Instr. 4)				I. Nature of Indirect Beneficial Ownership Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4) 2. Date Exercisab Expiration Date (Month/Day/Year)		ate	and 3. Title and Amount of Secu Underlying Derivative Secur		cy (Instr. 4) Conversion or Exercise		se Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	n Title	•	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

No securities are beneficially owned.

/s/ Jean-Guy Coulombe 09/08/2005

** 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 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.