FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | |
|--|---|--|------------------|---|--------|--------------|-----------------------|---|--|--|--|--|--|---|--|
| 1. Name and Address of Reporting Person * JAIN ANIL K | | | | 2. Issuer Name and Ticker or Trading Symbol Clearfield, Inc. [CLFD] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner | | | | | |
| (Last) (First) (Middle) 5480 NATHAN LANE N, SUITE 120 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/04/2008 | | | | | | Office | r (give title belo | ow) | Other (specify | below | /) |
| (Street) | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | NESOTA, I | | | | | | | | | | | | | |
| (City | ") | (State) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | |
| (Instr. 3) Date | | 2. Transaction Date (Month/Day/Year) | | if Code (Instr. 8) | | ` ′ | | of (D) | Beneficia Reported | ant of Securities ally Owned Following d Transaction(s) | | Form: | of Be | 7. Nature of Indirect Beneficial Ownership | |
| | | | (Month/Day/Year | Coo | de | V Amor | (A) or (D) | Price | (Instr. 3 a | ina 4) | | Direct (D) or Indirec (I) (Instr. 4) | Indirect (Instr. | | |
| COMMON STOCK 08/04/2008 | | 08/04/2008 | | S | | 2,10 | | \$ 1.20 | 1,496,702 | | | D | | | |
| | | | | Derivative Securit | | tl uired | ontained he form d | in this for isplays a | rm are curre eficial | not requesting ntly valid | OMB conf | ormation spond unle trol numbe | ss | C 147 | 74 (9-02) |
| 1 734 - 6 | l ₂ | 2 T | | e.g., puts, calls, wa | | | | | | :41 | 0 D.: | 0 N | -6 10 | | 11. Nature |
| Security | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/ | Execution Da any | te, if Transaction Code (Instr. 8) Deri Secur Acquire (A) of Disp of (I (Instr. 4, an | | ive es ed ed | | e Exercisable xpiration Date (h/Day/Year) | | itle and ount of erlying urities tr. 3 and | t of ying ies 3 and Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Owner Form of Deriva Securi Direct or Indi | of tive ty: (D) rect | of Indirect Beneficia Ownershi (Instr. 4) |
| | | | | Code V | (A) (I | | Date Exercisable | Expiration Date | n Title | Amount or Number of Shares | | | | | |

Reporting Owners

| | Relationships | | | | | |
|--|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| JAIN ANIL K 5480 NATHAN LANE N SUITE 120 PLYMOUTH MINNESOTA, MN 55442 | X | | | | | |

Signatures

| DR. ANIL JAIN | 08/04/2008 |
|----------------------------------|------------|
| ***Signature of Reporting Person | Date |

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).

Remarks:

THE SHARES WERE SOLD UNDER RULE 144 PURSUANT TO A 105b-1 PLAN. THIS WAS A MULTIPLE LOT SALE WITH A WEIGHTED AVERAGE PRICE OF 1.20.

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