## FORM 4

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

OMB APPR	OVAL
OMB Number:	3235-0287
Estimated average b	ourden
hours per response.	0.5

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 * CARLSON DUANE			2. Issuer Name <b>and</b> Ticker or Trading Symbol APPLIANCE RECYCLING CENTERS OF AMERICA INC /MN [arci]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director 10% Owner Officer (give title below) Other (specify below)						
	(Last) (First) (Middle) 7400 EXCELSIOR BLVD. (Street)  MINNEAPOLIS, MN 55426			3. Date of Earliest Transaction (Month/Day/Year)     05/12/2011      4. If Amendment, Date Original Filed(Month/Day/Year)											
MINNE										_X_ I	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person				
(Cit	y)	(State)	(Zip)	Table I - Non-Derivative Securities Acqu					s Acquired,	lired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye:			any	eemed ion Date, if n/Day/Year)			(A	Securities Acqu ) or Disposed o astr. 3, 4 and 5)	of (D) Own Tran			d [	Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Cod	de V Aı	(A) or (D)	Price			(	(I) (Instr. 4)	
Reminder:	Report on a s	separate line for each	class of securities l	beneficia	lly owi	ned dir	rectly	Persons in this fo	who respond orm are not re a currently v	equired to	respond	unless the		ed SEC 14	174 (9-02)
Reminder:	Report on a s	separate line for each	class of securities l	beneficia	lly owi	ned dir	rectly o								
1. Title of	2. Conversion or Exercise Price of	3. Transaction		Derivat (e.g., pu 4. Transac Code	stive Secutes, call	curitie ls, war . Numl f Derivati	ber 6	Persons in this fo displays juired, Dispos	orm are not re a currently vested of, or Bene- evertible securions sable and te	equired to valid OMB ficially Owr	respond control n ned d Amount ving	unless the umber.  8. Price of	9. Number o Derivative Securities Beneficially	f 10. Ownershi Form of Derivative	11. Nature of Indire Beneficial Ownersh
1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction	Table II - 3A. Deemed Execution Date, if any	Derivat (e.g., pu 4. Transac Code	tive Secuts, call	curitie ls, war . Numl f Oerivati	ber 6 ive (ses	Persons in this for displays quired, Dispost, options, cor 6. Date Exercite Expiration Da	orm are not re a currently vested of, or Bene- evertible securions sable and te	required to valid OMB ficially Own (ties)  7. Title and of Underly Securities	respond control n ned d Amount ving	8. Price of Derivative Security	9. Number o Derivative Securities	f 10. Ownershij Form of Derivative Security: Direct (D) or Indirect	11. Natu of Indire Benefici Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II - 3A. Deemed Execution Date, if any	Derivat (e.g., pu 4. Transac Code	tive Section of D	curitie ls, war . Numl f berivati acquire A) or f f(D) Instr. 3 nd 5)	es Acquerants  Five (  Five (	Persons in this for displays quired, Dispost, options, cor 6. Date Exercite Expiration Da	orm are not re a currently vested of, or Bene- evertible securions sable and te	required to valid OMB ficially Own (ties)  7. Title and of Underly Securities	respond control n ned d Amount ving	8. Price of Derivative Security	9. Number o Derivative Securities Beneficially Owned Following Reported Transaction(	f 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natu of Indire Benefici Ownersh (Instr. 4)

### **Reporting Owners**

B # 0 Y /	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
CARLSON DUANE 7400 EXCELSIOR BLVD. MINNEAPOLIS, MN 55426	X				

## **Signatures**

/s/ Duane S. Carlson	05/16/2011
**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).

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.