## Edgar Filing: TWIN DISC INC - Form 4

TWIN DISC	INC											
Form 4	014											
August 01, 2	_											
FORM	14 <sub>UNITED</sub>	STATES	SECUE	RITIES A	ND FX(	THAT	NGE C	OMMISSION		PROVAL		
<b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b> Washington, D.C. 20549							OMB Number:	3235-0287				
Check thi				<u></u> ,	210120	•••			Expires:	January 31,		
if no long		MENT O	F CHAN	GES IN BENEFICIAL OWNERSH				<b>NERSHIP OF</b>		2005		
subject to STATEMENT OF CHART				SECURITIES					Estimated average burden hours per			
Form 4 of	r								response 0.5			
Form 5 obligation	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,											
may cont				•	•	- ·		1935 or Section	1			
See Instru		30(h)	) of the In	vestment	Compan	y Act	t of 194	0				
1(b).												
(Print or Type F	Responses)											
	1											
1. Name and A	ddress of Reporting	Person <u>*</u>	2. Issue	Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to				
BATTEN JOHN H Symbol				Ŭ				Issuer				
			TWIN I	DISC INC	[TWIN]			(Chaol	all applicable	<b>`</b>		
(Last)	(First)	(Middle)	3. Date of	f Earliest Tr	ansaction			(Check	c all applicable	)		
			(Month/E	Day/Year)				X Director	10%	Owner		
	C, INC., 1328 RA	ACINE	07/30/2	014				X Officer (give below)	title Othe below)	r (specify		
ST.								· · · · · · · · · · · · · · · · · · ·	dent and CEO			
	(Street)		4. If Ame	ndment, Da	te Original			6. Individual or Jo	int/Group Filin	g(Check		
				nth/Day/Year	-			Applicable Line)	rr	8(		
								_X_ Form filed by O				
RACINE, W	/I 53403							Form filed by M Person	ore than One Rej	porting		
(City)	(State)	(Zip)	Tabl	L Non D		· · · · · ·	4	ind Dimand of	an Dan affaiall	- O		
	. ,						-	uired, Disposed of		-		
1.Title of Security	2. Transaction Dat (Month/Day/Year)		med on Date, if	3. Transactic	4. Securition(A) or Dis			5. Amount of Securities	6. Ownership	7. Nature of Indirect		
(Instr. 3)	(Wond) Day Tear	in Date, ii	Code	(Instr. 3, 4			Beneficially	Form: Direct				
. ,		any (Month/I	Day/Year)	(Instr. 8)				Owned	(D) or	Ownership		
								Following	Indirect (I)	(Instr. 4)		
						(A)		Reported Transaction(s)	(Instr. 4)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common						(D)	\$		_			
Stock $(1)$	07/30/2014			А	10,736	А	<sup>+</sup> 30.55	93,419	D			
Common												
Stock								2,382.3	Ι	401(k)		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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

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

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. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Under Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Addre	55	Relationships							
	Director	10% Owner	Officer	Other					
BATTEN JOHN H TWIN DISC, INC. 1328 RACINE ST. RACINE, WI 53403	Х		President and CEO						
Signatures									
/s/ John H. Batten	08/01/2014								

<u>\*\*</u>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).
- (1) Award of Restricted Stock for no cash consideration pursuant to the Twin Disc, Incorporated 2010 Long Term Incentive Compensation Plan as amended. Grant will vest 100% in three years.

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. ze="2">Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.

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