## Edgar Filing: TWIN DISC INC - Form 4

TWIN DISC	INC										
Form 4											
October 20, 2	2009										
FORM	4					~~~				PPROVAL	
<b>CUNIVI 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMB Number:	3235-0287				
Check thi if no long	or								Expires:	January 31,	
subject to	F CHAN	F CHANGES IN BENEFICIAL OW				NERSHIP OF	Estimated a	2005 average			
	Section 16. SECURITIES						burden hours per				
Form 4 or Form 5	Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,						A	response 0.5			
obligation							•	f 1935 or Sectio	m		
may conti <i>See</i> Instru 1(b).	nue.		) of the Inv	•	•	· ·			211		
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> MOORE MALCOLM F			2. Issuer Name <b>and</b> Ticker or Trading Symbol TWIN DISC INC [TWIN]				g	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				(Cheo	ck all applicable	e)		
			(Month/Day/Year)					X Director		6 Owner	
GEHL COM STREET, P.	IPANY, 143 W O. BOX 179	/ATER	10/16/20	)09				Officer (give below)	e title Oth below)	er (specify	
(Street)			4. If Amendment, Date Original					<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
	Filed(Mon	Filed(Month/Day/Year)									
WEST BEN	D, WI 53095							Person		eporting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction E (Month/Day/Yea	ar) Executi any	emed on Date, if /Day/Year)	Code (Instr. 8)	4. Securi onAcquirec Disposec (Instr. 3,	l (A) o l of (D	) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common	10/16/2009			Code V A	Amount 1,200	(D) A	Price \$ 0	4,800	D		
Stock $(1)$											

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

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 control number.

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

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

## Edgar Filing: TWIN DISC INC - Form 4

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. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Options	\$ 14.61	10/16/2009		А	1,200	10/16/2009	10/16/2019	Common Stock	1,200
Stock Options	\$ 18.005					10/20/2006	10/20/2016	Common Stock	1,200
Stock Options	\$ 27.545					10/19/2007	10/19/2017	Common Stock	1,200
Stock Options	\$ 10.01					10/17/2008	10/17/2018	Common Stock	1,200

## **Reporting Owners**

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
MOORE MALCOLM F GEHL COMPANY 143 WATER STREET, P.O. BOX 179 WEST BEND, WI 53095	y X						
Signatures							
/s/ Malcolm F. 10/20/200 Moore 10/20/200	09						

## Reporting Person Explanation of Responses:

\* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

- \*\* 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 Pursuant to 2004 Stock Incentive Plan for Non-Employee Directors. Stock Grant will be vested in one-third increments annually until fully vested after 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.

\*\*Signature of

8 D S (]