Edgar Filing: TWIN DISC INC - Form 4

TWIN DISC	C INC										
Form 4											
August 01, 2											
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMB Number:	3235-0287				
Check th	nis box		vvas	sinington,	D.C. 20	349				January 31,	
if no long		EMENT O	F CHAN	GES IN	GES IN BENEFICIAL OWNERSHIP				Expires:	2005	
subject to Section 1	0			SECURITIES					Estimated average burden hours per response 0.5		
Form 4 c											
Form 5	Filed p	oursuant to	Section 1	6(a) of the	e Securit	ies E	xchang	e Act of 1934,			
obligatio may con		7(a) of the	Public U	tility Hold	ling Con	npan	y Act of	1935 or Section	1		
See Instr		30(h)	of the In	vestment	Compan	y Ac	t of 194	0			
1(b).											
(Drint or Type)	D asponsos)										
(Print or Type]	(Kesponses)										
1. Name and A	Address of Reporti	ng Person [*]	2 Issuer	Name and Ticker or Trading 5. Relationship				5. Relationship of	of Reporting Person(s) to		
Wilcox Denise Symbol				Traine and Teker of Training				Issuer	1 0		
			-	DISC INC	[TWIN]				、 、	
(Last)	(First)	(Middle)	3 Date of	Earliest Tr	ansaction	-		(Check	k all applicable	:)	
		((Month/D				Director 10% Owner				
TWIN DISC, INC., 1328 RACINE 07/30/20				-			_X_ Officer (give title Other (specify below)				
ST.								/	uman Resource	s	
	(Street)		4 If Ame	ndment, Da	te Origina	1		6 Individual or Io	int/Group Filir	or(Check	
			nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
				,				_X_ Form filed by C			
RACINE, W	WI 53403							Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	T 11	IN D		G	•.• •				
	. ,						_	uired, Disposed of		-	
1.Title of Security	2. Transaction D (Month/Day/Yea			3. Transactio	4. Securi			5. Amount of Securities	6. Ownership		
(Instr. 3)	(Monul/Day/Tea	n/Day/Year) Execution Date, if any			(Instr. 3,	-		Beneficially	Form: Direct Indirect (D) or Benefici	Beneficial	
· · · · · ·			Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)				- /	Owned	Indirect (I)	Ownership	
								Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common							\$		_		
Stock (1)	07/30/2014			А	2,633	А	30.55	25,327	D		
Common											
Stock								367.2898	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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Unde Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Addre	SS	Relationships						
	Director	10% Owner	Officer	Other				
Wilcox Denise TWIN DISC, INC. 1328 RACINE ST. RACINE, WI 53403			VP-Human Resources					
Signatures								
/s/ Denise L. Wilcox	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.