#### Edgar Filing: TWIN DISC INC - Form 4

TWIN DISC	INC											
Form 4												
August 01, 2	016											
FORM	4	~ ~								OMB A	PPROVAL	
<b>CURIVI 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check this box if no longer										Expires:	January 31,	
subject to		MENT OF	CHAN		GES IN BENEFICIAL OWNE				NERSHIP OF	Estimated a	2005 average	
Section 1				SECUI	SECURITIES					burden hours per		
Form 4 or Form 5			. 1			a	г	1	A ( C1024	response	0.5	
obligation	na *							U	e Act of 1934,			
may cont	inue. Section 17			vestmen		<b>U</b>	• •		f 1935 or Section	n		
See Instru 1(b).	uction	50(II) (	of the fit	vesuiieii	ιC	ompany	Act	01 194	ŧŪ			
1(0).												
(Print or Type F	Responses)											
	ddress of Reporting	g Person <sup>*</sup>	2. Issuer	er Name <b>and</b> Ticker or Trading				g	5. Relationship of Reporting Person(s) to			
MOORE M.	ALCOLM F		Symbol						Issuer			
TWIN				VIN DISC INC [TWIN]					(Chec	k all applicable	2)	
(Last)	(First)	(Middle)	3. Date of	Earliest T	Tran	saction			× ×	11	,	
				nth/Day/Year)					Director 10% Owner X Officer (give title Other (specify			
1326 NOBL	E HERON WA	Y	07/28/20	016					Officer (give below)	below)	er (specify	
									Executi	ve VP-Operatio	ons	
				nendment, Date Original					6. Individual or Joint/Group Filing(Check			
				d(Month/Day/Year)					Applicable Line)			
									_X_Form filed by C Form filed by N	One Reporting Pe Iore than One Re		
NAPLES, F	L 34105								Person		porting	
(City)	(State)	(Zip)	Tabl	e I - Non-J	Der	rivative S	ecurit	ties Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of									5. Amount of	6. Ownership		
Security	(Month/Day/Year	n Date, if Transaction(A) or Disposed of (D)						Securities	Form: Direct			
(Instr. 3)		any (Month/D	Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)					))	Beneficially Owned	· · /	Beneficial Ownership	
		<b>X</b>		(					Following	(Instr. 4)	(Instr. 4)	
							(A)		Reported			
							or		Transaction(s) (Instr. 3 and 4)			
Comment				Code V		Amount	(D)	Price	(			
Common	07/28/2016			А		19,386	А	\$	45,703	D		
Stock					-	(1)		9.74				

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)

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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)	5	te	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Prio Deriv Secur (Instr.
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options	\$ 18.005					10/20/2006	10/20/2016	Common Stock	1,200	
Stock Options	\$ 10.01					10/17/2008	06/30/2018	Common Stock	1,200	
Stock Options	\$ 14.61					10/16/2009	06/30/2018	Common Stock	1,200	
Stock Options	\$ 27.545					10/19/2007	10/19/2017	Common Stock	1,200	

## **Reporting Owners**

Reporting Owner Name / Address			Relationships	
I O	Director	10% Owner	Officer	Other
MOORE MALCOLM F 1326 NOBLE HERON WAY NAPLES, FL 34105			Executive VP-Operations	

## **Signatures**

/s/ Malcolm F. 08/01/2016 Moore

\*\*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).

Award of Restricted Stock for no cash consideration pursuant to the Twin Disc, Incorporated 2010 Long Term Incentive (1) Compensation Plan as amended. Grant will vest 100% on 7/28/2019.

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.