FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol TWIN DISC INC TWIN										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
RAYBURN DAVID B					1	TWIN DISC INC [TWIN]									X Director			10% Owner	
(Last) (First) (Middle) 1328 RACINE ST.				3. Date of Earliest Transaction (Month/Day/Year) 10/16/2009										Officer (give title Other (specify below)					
					4. If <i>i</i>	Ame	endment,	Date	of Original F	iled	(Month/D	ay/Ye	ar)	6.	Individual or	Joint/Grou	p Filing	g (Check Ap	plicable
(Street) RACINE WI 53403													Lii	X Form filed by One Reporting Person Form filed by More than One Reporting					
(City) (State) (Zip)														Person					
		Tab	le I - Non	-Deriva	ative	Se	curitie	s A	cquired, C	Disp	osed c	of, o	Ben	eficia	lly Owne	d			
Da			2. Transaction Date (Month/Day/Year)		ır)	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3, 4		(A) or . 3, 4 aı	Benefic	ies ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	nt (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)						
Common Stock ⁽¹⁾			10/16	/2009						1,20	00 A		\$(7	7,200		D		
		7							quired, Di						y Owned				
			·			all	-		s, options			_		ities)					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transaction Code (Instr. 8)		n of E		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	Owne Form: Direct or Ind (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				C	Code	v	(A)	(D)	Date Exercisable		opiration ate	Title	N O	lumber					
Stock Options	\$14.61	10/16/2009			A		1,200		10/16/2009	10	/16/2019	Com Sto		1,200	\$0	1,200)	D	
Stock Options	\$4.255								07/28/2000	07	//28/2010	Com Sto		2,400		2,400)	D	
Stock Options	\$4.4531								08/04/2000	08	3/04/2010	Com		4,000		4,000)	D	
Stock Options	\$3.7625								08/13/2001	08	3/13/2010	Com		4,000		4,000)	D	
Stock Options	\$3.2525								10/18/2002	10	/18/2012	Com		4,000		4,000)	D	
Stock Options	\$6.225								10/15/2004	10	/15/2014	Com		1,200		1,200)	D	
Stock Options	\$10.11								10/21/2005	10	/21/2015	Com		1,200		1,200)	D	
Stock Options	\$18.005								10/20/2006	10	/20/2016	Com		1,200		1,200		D	
Stock Options	\$27.545								10/19/2007	10	/19/2017	Com		1,200		1,200)	D	
Stock	\$10.01								10/17/2008	10	/17/2018	Com	mon	1,200		1,200		D	

Explanation of Responses:

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.

/s/ David B. Rayburn

10/20/2009

** Signature of Reporting Person

Date

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

- * 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.

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 Number.