FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## OMB APPROVAL OMB Number: 32350104 Estimated average burden hours per response: 0.5

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

or Section 30(h) of the Investment Company Act of 1940 2. Date of Event 3. Issuer Name and Ticker or Trading Symbol 1. Name and Address of Reporting Person\* Requiring Statement TWIN DISC INC [ TWIN ] Olsen Kevin M. (Month/Day/Year) 08/04/2022 4. Relationship of Reporting Person(s) to 5. If Amendment, Date of Original (Last) (First) (Middle) Filed (Month/Day/Year) Issuer (Check all applicable) 3 CAVALLO WAY Director 10% Owner X 6. Individual or Joint/Group Filing (Check Applicable Line) Officer (give Other (specify Form filed by One Reporting title below) below) (Street) Person DOYLESTOWN PA 18901 Form filed by More than One Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 1. Title of Security (Instr. 4) 4. Nature of Indirect Beneficial 2. Amount of Securities 3. Ownership Beneficially Owned (Instr. Form: Direct Ownership (Instr. 5) (D) or Indirect (I) (Instr. 5) **Table II - Derivative Securities Beneficially Owned** (e.g., puts, calls, warrants, options, convertible securities) 1. Title of Derivative Security (Instr. 4) 2. Date Exercisable and 3. Title and Amount of Securities 6. Nature of Ownership Underlying Derivative Security (Instr. 4) Conversion Indirect Beneficial **Expiration Date** (Month/Day/Year) or Exercise Form: Ownership (Instr. Direct (D) Price of 5) Amount Derivative or Indirect Security (I) (Instr. 5) Number

Explanation of Responses:

## Remarks:

No securities were beneficially owned on the date the Reporting Person became a director of the Issuer.

Date

Exercisable

No securities are beneficially owned.

/s/ Kevin M. Olsen 08/08/2022

\*\* Signature of Reporting

of

Shares

Date

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

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 5 (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).

Expiration

Title

Date

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.