FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | P |
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OMB APPROVAL OMB Number: Estimated average burden

0.5

hours per response:

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* BATTEN MICHAEL E | | | | | | 2. Issuer Name and Ticker or Trading Symbol TWIN DISC INC [TWIN] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify | | | | | | | |
|---|---------|---|----------|---------------------------------|----------|---|---------|--|------------------|--------|--|------------------------------------|-----------------------------------|---|---|---|--|---------------------------------------|---------------------------------------|--|--|--|
| (Last) (First) (Middle) SENSIENT TECHNOLOGIES 777 E WISCONSIN AVE | | | | | 05 | 3. Date of Earliest Transaction (Month/Day/Year) 05/31/2006 | | | | | | | | | X Officer (give title Other (specify below) Chairman/CEO | | | | | | | |
| (Street) MILWAUKEE WI 53202 | | | | | _ | 4. If Amendment, Date of Original Filed (Month/Day/Year) 06/02/2006 | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) Y Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (S | | (Zip) | | <u> </u> | | | · • | | | | , - | | | | | | | | | | |
| 1. Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year | | n 2A. Deemed Execution Date, | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 au 5) | | | 5. Amount o | | of 6. Ow Form: (D) or | | irect li direct E . 4) C | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | | |
| | | | | | | Code | v | Amount | (A) or (D) Price | | | Transaction(s) (Instr. 3 and 4) | | | | (.115011 4) | | | | | | |
| Common Stock | | 05/31/2006 | | | | M | | 2,200 | A | \$12.0 | 03 | 158,426 | | D | | | | | | | | |
| Common Stock | | | 05/31/2 | :006 | | | | S | | 2,200 | D | \$33.0 | 01 | 156,226 | | D | | | | | | |
| Common | Stock | | | | | | | | | | | | | | 524.23 | 38 | I | 4 | 01(k) | | | |
| Common | Stock | | | | | | | | | | | | | | 5,20 | 0 | I | | Beneficial wnership ⁽¹⁾ | | | |
| Common Stock | | | | | | | | | | | | | | 1,076,862 | | I | | As Trustee ⁽²⁾ | | | | |
| | | 7 | able II | | | | | | | | posed of converti | | | | Owned | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date Execution Did Execution | | | on Date, | n Date, Transac Code (Ir | | | | 6. Date Expirat (Month | ion Da | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | ity | 8. Price of Derivative Security (Instr. 5) | 9. Num derivat Securit Benefic Owned Follow Report Transa (Instr. 4 | ive ties cially ing ed ction(s) | 10. Ownersh Form: Direct (D or Indire (I) (Instr. | Beneficia Ownersh ct (Instr. 4) | | | | |
| | | | | | Code | v | (A) (D) | | Date Exercis | sable | Expiration Date | Title | Amou or Numb of Share | ber | | | | | | | | |
| Stock | \$12.03 | 05/31/2006 | | | M | | | 2,200 | 08/12/ | 1996 | 08/12/2006 | Common | 2,20 | 00 | \$12.03 | 156 | ,226 | D | | | | |

Explanation of Responses:

- 1. Stock owned by spouse, Gloria S. Batten.
- 2. As Trustee for Trusts for members of the immediate family.

06/08/2006 /s/ Michael E. Batten

** 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.