FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

3235-0287 OMB Number: 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

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1. Name and Address of Reporting Person* MELLOWES JOHN A						2. Issuer Name and Ticker or Trading Symbol TWIN DISC INC [TWIN]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
IVILLL	OVVESSI	JIIIV A													X Directo	or		10% O	wner		
(Last) (First) (Middle) 1328 RACINE STREET						3. Date of Earliest Transaction (Month/Day/Year) 10/17/2008									Officer below)	(give title		Other (s	specify		
1328 KA	CINE 51R	EEI			<u> </u>									_							
(Street)					4. If											Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
RACINE WI 53403					Form filed by More than One Reporting Person																
(City) (State) (Zip)																					
		Tab	le I - Nor	-Deriv	ative	Se	curitie	s Ac	equired,	Disp	osed o	of, or I	Bene	ficia	lly Owned	t t					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					saction n/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispo		Dispose	urities Acquired (A) sed Of (D) (Instr. 3, 4			Benefic Owned	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock ⁽¹⁾ 10/17/.						/2008		A		1,20	0 A		\$ <mark>0</mark>	10	10,000		D				
		7	Γable II - I												/ Owned						
	1		'	(e.g., p	uts, t	an	s, waii	anı	s, option	5, C	Uliverti	טופ פנ	curit	162)	1				1		
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, 1	4. Transaction Code (Instr. 8)		n of l		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. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	or Nu of	ımber							
Stock Options	\$10.01	10/17/2008			A		1,200		10/17/2008	3 10)/17/2018	Comm Stock		,200	\$0	1,200		D			
Stock Options	\$4.9694								07/30/1999	07	7/30/2009	Comm Stock		,000		4,000		D			
Stock Options	\$4.4532								08/04/2000	08	3/04/2010	Comm Stock		,000		4,000		D			
Stock Options	\$3.7625								08/13/2003	1 08	3/13/2011	Comm Stock	1 4.	,000		4,000)	D			
Stock Options	\$3.2525								10/18/2002	2 10)/18/2012	Comm Stock		,000		4,000		D			
Stock Options	\$6.225								10/15/2004	10)/15/2014	Comm Stock		,200		1,200		D			
Stock Options	\$10.1125								10/21/2005	5 10	0/21/2015	Comm Stock		,200		1,200		D			
Stock Options	\$18.005								10/20/2006	5 10	0/20/2016	Comm Stock		,200		1,200		D			
Stock												Comm	on 4	200		4.000					

Explanation of Responses:

Options

\$27.545

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.

10/19/2007

10/19/2017

/s/ John A. Mellowes

Stock

1,200

D

** Signature of Reporting Person

1,200

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.