FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Wash	nington,	D.C.	20549	

STATEMENT OF C	HANGES IN	BENEFICIAL	OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response: 0.5								

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

					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amou or Numb of Title Share:						
1. Title of Derivative Security 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year)		emed tion Date,	4. Transaction Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) o Dispo	mber vative prities priced r osed) r. 3, 4	6. Date Exerc Expiration Da (Month/Day/Y		cisable and	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
		Tal	ble II -								osed of, convertib				Owned	t		,	
Common Stock 0			05/07/2	:020				P		2,500	A	A \$6.243		63,793			D		
Common Stock				05/06/2	020				P		7,500	Α	\$6.	.4934	61,293			D	
					ľ			·	Code	v	Amount	(A) o	r Pric	Co Trai		orted saction(s) tr. 3 and 4)			(Instr. 4)
Date			2. Transact Date (Month/Day		Execution Date,		ate,	3. 4. Securitie Transaction Disposed (Code (Instr. 5)				l and Securit Benefic		ies	Form (D) o	: Direct r Indirect	7. Nature of Indirect Beneficial Ownership		
		Table	I - No	n-Deriva	tive S	Secui	rities	Acc	uired	, Dis	posed of	, or E	Benefi	icially	/ Own	ed			
(City)	(St	ate) (Ž	Zip)			Pers								Perso	ori				
NAPLES	5 FL	3	4108											Λ	X Form filed by One Reporting Person Form filed by More than One Reporting				
(Street)					4. 17 /	amena	ment,	Date o	or Origin	ai File	d (Month/Da	y/ Year,		Line)		Joint/Group			··
8121 VI	A VECCHI	A			4 15	1 m a m d		Data	of Origina	al Fila	d (Manth/Da	/\/aa#		C Indi	م امیان	laint/Crau	n Filin	~ (Chaal: A	nnlinabla
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 05/06/2020							Office	r (give title		Other (s	specify			
1. Name and Address of Reporting Person* RAYBURN DAVID B					TWIN DISC INC [TWIN]									k all app Direc	licable)	3	10% O\		
 Name ar 	nd Address of	Reporting Person [*]			Z. ISS	suer iva	ıme ar	na Hick	ker or 11	aaing	Symbol					or Reportir	ig Per	SON(S) to is	suer

Explanation of Responses:

/s/ David B. Rayburn

05/08/2020

** Signature of Reporting Person Date

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

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.

^{*} 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).