SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

OMB Number: 3235-0104 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

				011 30(11) 0		e Investment Company Act of 19	.940							
<u>GAMCO INVESTORS, INC. ET</u>			2. Date of Event Requiring Statement (Month/Day/Year) 06/21/2018		3. Issuer Name and Ticker or Trading Symbol <u>TWIN DISC INC</u> [TWIN]									
,					4. Relationship of Reporting Person(s) to Issuer (Check all applicable)						5. If Amendment, Date of Original Filed (Month/Day/Year)			
	(Last) (First) (Middle) ONE CORPORATE CENTER					Director X 10% Owner Officer (give title Other (specify					6. Individual or Joint/Group Filing (Check			
						below)		elow)			cable Line)	y One Reporting Person		
(Street) RYE NY	۲ 1	0580								x	Earm filed b	y More than One		
(City) (Sta	ate) (Z	Zip)												
Table I - Non-Derivative Securities Beneficially Owned														
1. Title of Security (Instr. 4)						2. Amount of Securities Beneficially Owned (Instr. 4) Or Indirect (I) (Instr. 5)			4. Nature of Indirect Beneficial Ownership (Instr. 5)					
Common Stock	Common Stock					2,500 I			By: Limited Partnership ⁽¹⁾					
Common Stock						9,750	D ⁽²⁾							
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)														
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable ar Expiration Date (Month/Day/Year)		nd	d 3. Title and Amount of Securi Underlying Derivative Securi		ity (Instr. 4) Cor or E		ersion ercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date	Expiration	0.0			Amount or Number of	Price o Deriva Securi	ative	Direct (D) or Indirect (I) (Instr. 5)			
			Exercisable	Date		Title		Shares						
1. Name and Address of Reporting Person [*] <u>GAMCO INVESTORS, INC. ET AL</u>														
(Last) (First) (Middle) ONE CORPORATE CENTER														
(Street) RYE	NY	10580												
(City)	(State)	(Zip)												
1. Name and Address of Reporting Person* GABELLI MARIO J														
(Last) C/O GAMCO INV ONE CORPORAT		(Middle)												
(Street) RYE	NY	10580												
(City)	(State)	(Zip)												
1. Name and Address of Reporting Person* <u>GGCP, INC.</u>														
(Last) 140 GREENWICH	(First) H AVENUE	(Middle)												
(Street) GREENWICH	СТ	06830												

(City)	(State)	(Zip)				
1. Name and Address of Reporting Person [*] Associated Capital Group, Inc.						
(Last) ONE CORPORATE	(First) E CENTER	(Middle)				
(Street) RYE	NY	10580				
(City)	(State)	(Zip)				

Explanation of Responses:

1. GAMCO Investors, Inc. and Associated Capital Group, Inc. have less than a 100% interest in this entity; GGCP, Inc. has less than a 100% interest in GAMCO Investors, Inc. and Associated Capital Group, Inc.; and Mario J. Gabelli has less than a 100% interest in GGCP, Inc. The amount of securities reported as beneficially owned reflects the total amount of securities held by this entity which is greater that the Reporting Persons' indirect pecuniary interests. The Reporting Persons hereby disclaim ownership of these securities in excess of their pecuniary interests.

2. These shares are owned by Associated Capital Group, Inc.

/s/ Douglas R. Jamieson, Attormey-In-Fact for MARIO J. GABELLI, GGCP, INC., and ASSOCIATED CAPITAL GROUP, INC. /s/ Kevin Handwerker, Executive VP, General Counsel & Secretary of GAMCO INVESTORS, INC. ** 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 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).

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.