FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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

Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol TWIN DISC INC [TWIN]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
BATTEN JOHN H					THE DISCHAGE I WIN I								X Director				X 10%	Owner		
(Last) (First) (Middle) TWIN DISC, INC.					3. Date of Earliest Transaction (Month/Day/Year) 07/25/2016								X	X Officer (give title below) Other (spe below) President and CEO						
1328 RACINE ST.																				
					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable							
(Street) RACINE WI 53403												X Form filed by One Reporting Person								
	— SS405											Form filed by More than One Reporting Person								
(City)	(Sta	ate) (Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
Date				2. Transacti Date (Month/Day		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)					nnd Securiti Benefic Owned		es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									v	Amount	(A) or Price		Reported Transaction (Instr. 3		tion(s)					
Common	Stock ⁽¹⁾			07/25/20	016			F		5,847	D	\$10.	945	144	4,631		D			
Common	Stock													2,45	7.2805		I	401(k)		
Common Stock														45	,440			As Trustee ⁽²⁾		
Common Stock														44	,960			As Trustee ⁽³⁾		
Common Stock														428,	,969.6			As Trustee ⁽⁴⁾		
Common Stock												45,440				As Trustee ⁽⁵⁾				
Common Stock													10,400				As Trustee ⁽⁶⁾⁽⁷⁾			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Executi ecurity or Exercise (Month/Day/Year) if any		med 4. on Date, Transa Code (Day/Year) 8)				6. Date Expira (Month	tion Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		De Se (In	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4		Beneficial Ownership (Instr. 4)			
					Code	v	(A) (D)	Date Exerci	sable	Expiration Date		Amount or Number of Shares								

Explanation of Responses:

- 1. Shares surrendered to Company to satisfy tax withholding obligation upon vesting of restricted stock granted on 7/25/13.
- 2. As trustee of Elizabeth Batten Stribney Trust.
- 3. As trustee of Timothy Michael Batten Trust.
- 4. As trustee of Michael E. Batten Trust.
- 5. Reflects reporting person's appointment as trustee of the John H. Batten and Katherine V. Batten Family Trust, dated December 13, 1976, and the Batten Family Trust, dated October 21, 1988. Shares were transferred on January 8, 2016 to the Louise Vernet Batten Grantor Trust, for which reporting person serves as trustee.
- 6. As trustee of Gloria S. Batten Trust.
- 7. Reporting person is also trustee and guardian over 1,956,456 shares of common stock held for the benefit of non-immediate family members, for which Section 16 reporting is not required.

/s/ John H. Batten

07/27/2016

** Signature of Reporting Person

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.