FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT O	F CH
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ANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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

							. ,				inpany Act o									
1. Name and Address of Reporting Person* BATTEN JOHN H				2. Issuer Name and Ticker or Trading Symbol TWIN DISC INC [TWIN]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
DITTI	11 301111													X			X			
(Last) (First) (Middle) TWIN DISC, INC.				3. Date of Earliest Transaction (Month/Day/Year) 08/13/2020									Officer (give title below)			Other below)	(specify			
1328 RA	CINE ST.				4 15 4				f O.dd	-1 =:1-	-l (0.4 - :-+l- (D -	() ()		C 1	to delice to a	. 1-:	=:::-	(Obl-	A li le l -	
(Street)					4. 11 4	amena	ment, L	ale o	Ongin	ai File	d (Month/Da	ly/ Year))	Line)	ividuai oi	r Joint/Grou	ıb ⊢ıııı	ig (Check /	чррисавіе	
RACINE	WI	I 5	3403										X Form filed by One Reporting Person Form filed by More than One Reporting							
(City)	(Sta	ate) (Z	Zip)											Person						
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired	, Dis	posed of	, or B	Benef	ficially	y Own	ed				
Da		Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (ADisposed Of (D) (Instr. 35)		ired (A nstr. 3,) or 4 and	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) c (D)	or Pr	ice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common	Stock ⁽¹⁾			08/13/2	020				A		6,893	A		\$0	27	4,465		D		
Common	Stock ⁽²⁾			08/13/2	020				F		6,113	D	\$	6.585	26	8,352		D		
Common	Stock														2,45	7.2354		I	401(k)	
Common	Stock														22	1,156		I	As Trustee ⁽³⁾	
Common	Stock														22	1,155		I	As Trustee ⁽⁴⁾	
Common Stock											45,4		i,440 I		I	As Trustee ⁽⁵⁾				
Common Stock													44,960		I		As Trustee ⁽⁶⁾			
Common Stock													45,440		I		As Trustee ⁽⁷⁾			
		Tal	ble II -							•	osed of,			-	Owne	d	<u> </u>	<u> </u>		
			Ta			uis, V		_			onvertib	1				l	, 1		1	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date E (Month/Day/Year) if		emed tion Date, n/Day/Year)	4. Transaction Code (Instr. 8)				6. Date Exerc Expiration Day (Month/Day/\)		ate	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	Price of erivative ecurity estr. 5)	ty Securities	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4		Beneficial Ownershi ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amou or Numb of Share	per						

- 1. Represents shares of common shares acquired by the Reporting Person upon the vesting of performance shares granted pursuant to Rule 16b-3(d) plan.
- 2. Represents shares of common stock withheld by the issuer to satisfy tax obligations in connection with the vesting of performance shares granted to the Reporting Person pursuant to Rule 16b-3(d) plan.
- 3. As trustee of Michael E. Batten Marital Trust
- 4. As trustee of Michael E. Batten Family Trust
- 5. As trustee of Elizabeth Batten Stribney Trust.
- 6. As trustee of Timothy Michael Batten Trust.
- 7. As trustee of Louise Vernet Batten Grantor Trust.

/s/ John H. Batten

08/17/2020

** 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.