FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
|-------------|------------|
|-------------|------------|

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 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

| 1. Name ar Wilcox (Last) | 3. Da | Issuer Name and Ticker or Trading Symbol TWIN DISC INC [TWIN] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | ationship of Reporti k all applicable) Director Officer (give title below) | | 10% O Other (below) | | wner (specify | | | | |
|--|---|---|--------|----------------------------------|--------------------------|--|---|-------|---|-----------------|--|---|----------------------------|--|---|--|---|--|--|
| TWIN DISC, INC. 1328 RACINE ST. | | | | | | 08/13/2020 | | | | | | | | | | VP-Huma | | | |
| (Street) RACINE | E W | [5 | 3403 | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | on |
| (City) | (Sta | ate) (2 | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acq | uired, | Dis | posed of | , or B | Benefi | cially | / Own | ed | | | |
| Date | | | | 2. Transac Date (Month/Da | Exec y/Year) if any | | Deemed ecution Date, ny onth/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired Disposed Of (D) (Instr. 5) | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | Code | v | Amount | (A) (D) | Or Pric | е | Transa | ction(s) 3 and 4) | | | (| | |
| Common | 08/13/2 | 2020 | | | | A | | 1,719 | A | | S <mark>O</mark> | 37,658 | | | D | | | | |
| Common Stock ⁽²⁾ 08/13/2 | | | | | .020 | | | | F | | 1,470 | D | \$6 | .585 | 30 | 36,188 | | D | |
| Common Stock | | | | | | | | | | | | | | | 378 | 3.8507 | | I | 401(k) |
| 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, //Day/Year) | n Date, Transa Code (| | | | 6. Date Expirati (Month/ | ion Da Day/Y | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) Amou or Numb of Title Share | | 1 | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

- 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.

08/17/2020

** 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 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.