Edgar Filing: THOR INDUSTRIES INC - Form 4

THOR INDU	STRIES INC										
Form 4											
October 14, 2	.014										
FORM	4								OMB A	PPROVAL	
	UNITED	STATES		ITIES A hington,			NGE (COMMISSION	OMB Number:	3235-0287	
Check this box									Expires:	January 31,	
if no longe subject to	STATEM	IENT O	F CHAN	GES IN BENEFICIAL OWNERSHIP					Estimated a	2005 average	
Section 16		SECURITIES							burden hours per		
Form 4 or Form 5			~ • • •		~ .	_			response	0.5	
obligation	- · ·			· · /			•	ge Act of 1934,			
may contin	nue. Section 17(a	·	of the Inv	•	U	1 v		f 1935 or Sectio	n		
See Instruction	ction	50(II)	of the my	vestment	Compan	y Aci	01 19	40			
1(b).											
(Print or Type R	esponses)										
1. Name and Address of Reporting Person [*] _ 2. Issuer Name and Ticker or Tradin					g	5. Relationship of Reporting Person(s) to					
SUWINSKI JAN Syn				lymbol				Issuer			
				NDUSTR	RIES INC	C [TH	[O]	(Check all applicable)			
(Last)	(First) (M	Aiddle)	3. Date of Earliest Transaction					k an applicable)			
			(Month/Da	ay/Year)				_X_ Director		Owner	
	NDUSTRIES IN		10/09/20)14				Officer (give below)	title Oth below)	er (specify	
EAST BEAF	RDSLEY AVEN	UE									
	(Street)		4. If Amer	ndment, Dat	te Original			6. Individual or Jo	oint/Group Filin	ng(Check	
		Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person				
	INI 46514 2205							•	One Reporting Pe fore than One Re		
ELKHARI,	IN 46514-3305							Person		1 0	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of	2. Transaction Date			3.	4. Securi				6. Ownership	7. Nature of	
Security	(Month/Day/Year)	Execution Date, if		TransactionAcquired (A) or					Form: Direct	Indirect	
(Instr. 3)		•	any (Month/Day/Year)		CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)			2	D) or ndirect (I)	Beneficial Ownership	
		,						-	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
Comment				Code V	Amount	(D)	Price	(
Common Stock	10/09/2014			А	1,000	А	<u>(1)</u>	13,000	D		

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

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 control number.

 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)	4. Transactio Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,			Amou Under Secur	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
SUWINSKI JAN C/O THOR INDUSTR 601 EAST BEARDSL ELKHART, IN 46514	Х							
Signatures								
/s/ Jan H. Suwinski	10/10/20	14						
<u>**</u> Signature of	Date							

**Signature of Reporting Person

Explanation of Responses:

- * 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).
- (1) This is a grant of restricted stock units that may be settled only by delivery of an equal number of shares of common stock. The shares will fully vest on October 9, 2015, the first anniversary of the date of grant.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.