Edgar Filing: TORO CO - Form 4

TODOCO

| Form 4 | 2014 | | | | | | | | | |
|--|------------------------------------|-----------------------------|-------------------------------------|--|-----------------------------|------------------------|----------------|--|--|--|
| November 05 FORM Check this if no longe | 4 UNITEI | | Was | hington, I | D.C. 205 | 549 | | COMMISSION | | PPROVAL 3235-0287 January 31 2005 |
| subject to Section 16 Form 4 or Form 5 obligations may contin <i>See</i> Instruct 1(b). | Filed pu s nue. Section 17 | ursuant to S 7(a) of the | Section 16 Public Uti | SECURI (a) of the | TIES Securiti ing Com | es Ex pany | chang Act o | NERSHIP OF ge Act of 1934, f 1935 or Sectio 40 | Estimated a burden hou response | average Irs per |
| (Print or Type Ro | esponses) | | | | | | | | | |
| 1. Name and Ad O'Rourke Jar | ldress of Reportin nes Calvin | g Person <u>*</u> | Symbol | Name and [*] | Ticker or T | Fradin | g | 5. Relationship of Issuer | | |
| (Last) 8111 LYNDA | (First) ALE AVENUI | (Middle) E SOUTH | 3. Date of (Month/Da 11/03/20 | • | nsaction | | | X Director Officer (give below) | | 6) 6 Owner er (specify |
| BLOOMING | (Street) | 420 | | ndment, Dat th/Day/Year) | e Original | | | | | erson |
| (City) | (State) | (Zip) | Table | e I - Non-De | erivative S | ecuri | ties Ac | Person quired, Disposed o | f. or Beneficia | llv Owned |
| 1.Title of Security (Instr. 3) | 2. Transaction D (Month/Day/Yea | ar) Executio any | | 3. Transactio Code (Instr. 8) | 4. Securi | ties (A) o of (D | er P) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | • |
| Common Stock | 11/03/2014 | | | Code V A | Amount 835 <u>(1)</u> | (D) A | Price \$ 0 | 2,838 | 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)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transacti Code (Instr. 8) | 5. Number onof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exer Expiration D (Month/Day | Date | 7. Title and A Underlying S (Instr. 3 and | Securitie |
|---|---|---|---|---------------------------------------|---|--|--------------------|---|--------------------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amour or Numbe of Shares |
| Non-Qualified Stock Option | \$ 61.72 | 11/03/2014 | | А | 2,596 (2) | <u>(3)</u> | 11/03/2024 | Common Stock | 0 (4) |

Reporting Owners

| Reporting Owner Name / Address | | | | |
|---|----------|-----------|---------|-------|
| | Director | 10% Owner | Officer | Other |
| O'Rourke James Calvin 8111 LYNDALE AVENUE SOUTH BLOOMINGTON, MN 55420 | X | | | |
| Signatures | | | | |
| /s/ Nancy A. McGrath, Attorney-In-Fact | 1 | 1/05/2014 | | |
| **Signature of Reporting Person | | Date | | |

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) Annual common stock award for service as a non-employee director issued under The Toro Company 2010 Equity and Incentive Plan, as amended (the "2010 Plan").
- (2) Annual option grant for service as a non-employee director issued under the 2010 Plan.
- (3) The option vests in three equal annual installments commencing on the first anniversary of the date of grant.
- (4) The amount of underlying securities is 2,596.

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.