## Edgar Filing: Graves Andrew E - Form 4

Graves Andre	ew E									
Form 4										
October 11, 2	.012									
FORM	1								PPROVAL	
	UNITED S	TATES SECUR	ITIES AN	ND EXC	CHAN	NGE (	COMMISSION	ОМВ	0005 0007	
		Was	hington,	D.C. 205	549			Number:	3235-0287	
Check this			0					Expires:	January 31,	
if no longe	er STATEM	ENT OF CHAN	GES IN B	BENEFI	CIA	LOW	<b>NERSHIP OF</b>	•	2005	
subject to Section 16	5	SECURITIES						Estimated average burden hours per response 0.5		
Form 4 or										
Form 5	Filed purs	uant to Section 1	6(a) of the	Securiti	es Ey	cchang	e Act of 1934.	100001100	0.0	
obligation	<sup>8</sup> Section $17(a)$	) of the Public Ut						n		
may contin	nue.	30(h) of the In	-	-						
See Instruction 1(b).	ction	50(ii) of the Iii	vestment	compun <u></u>	y 1101	0117	10			
1(0).										
(Print or Type R	esponses)									
1. Name and Address of Reporting Person <sup>*</sup> _2. Issuer Name and Ticker or Trading				g	5. Relationship of Reporting Person(s) to					
Graves Andr	rew E	Symbol					Issuer			
		THOR I	NDUSTR	IES INC	[TH	[0]		1 11 1. 11	<b>`</b>	
(Last)	(First) (Mi	iddle) 3. Date of	Earliest Tra	insaction			(Chec	ck all applicable	e)	
× ,	(Month/D	(Month/Day/Year)				_X_ Director 10% Owner				
C/O THOR I	NDUSTRIES,	10/09/20					Officer (give	title Oth	er (specify	
	EST PIKE STRE						below)	below)		
	4. If Ame	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
			Filed(Month/Day/Year)				Applicable Line)			
		1 1100(11101					_X_ Form filed by	One Reporting Pe	erson	
JACKSON							Form filed by N	More than One Re	eporting	
	H 45334-0629						Person			
(City)	(State) (Z	Zip) Tabl	e I - Non-De	erivative S	ecuri	ties Ac	quired, Disposed o	f. or Beneficial	lv Owned	
1.Title of	2. Transaction Date		3.	4. Securi			5. Amount of	6. Ownership	-	
Security	(Month/Day/Year)	Execution Date, if	J. Transactio			r	Securities	Form: Direct		
(Instr. 3)	()	any	Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)					(D) or	Beneficial Ownership	
		(Month/Day/Year)				5)	Owned	ndirect (I) C		
							Following	(Instr. 4)	(Instr. 4)	
					(A)		Reported			
					or		Transaction(s) (Instr. 3 and 4)			
			Code V	Amount	(D)	Price	(mou. 5 and +)			
Common Stock (1)	10/09/2012		А	1,000	А	\$0	4,039	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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
Graves Andrew E C/O THOR INDUSTRIES, 419 WEST PIKE STREET JACKSON CENTER, OH 4		X						
Signatures								
/s/ Andrew E. Graves	10/11/2012							
<u>**</u> Signature of	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) This is a grant of restricted stock units that may be settled solely by delivery of an equal number of shares of common stock. This grant will fully vest on October 9, 2013, 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.

Reporting Person