Edgar Filing: THOR INDUSTRIES INC - Form 4

THOR INDU	ISTRIES INC											
Form 4												
October 14, 2	2014											
FORM	4									-	PPROVAL	
	CIVITED S	TATES		ITIES A hington,				NGE (COMMISSION	OMB Number:	3235-0287	
Check this if no long										Expires:	January 31,	
subject to	STATEN/	ENT O	F CHAN				CIA	LOW	NERSHIP OF	Estimated a	2005 average	
Section 10									burden hou	0		
Form 4 or							_			response	0.5	
Form 5 obligation									ge Act of 1934,			
may conti	Section 1719								f 1935 or Sectio	n		
See Instru	ction	30(h)	of the Inv	vestment	Co	mpany	Act	of 19	40			
1(b).												
(Print or Type R	(esponses)											
	. ,											
1. Name and A	ddress of Reporting P	erson [*]	2. Issuer	suer Name and Ticker or Trading					5. Relationship of Reporting Person(s) to			
TIEMED LANES I				Symbol					Issuer			
	THOR I	THOR INDUSTRIES INC [THO]					(Check all applicable)					
(Last)	(First) (M	iddle)	3. Date of Earliest Transaction					(Check all applicable)				
			(Month/Da	ay/Year)					_X_ Director	10%	6 Owner	
``				0/09/2014					Officer (give below)	title Other (specify below)		
EAST BEAF	RDSLEY AVENU	JE							below)	Delow)		
	4. If Amer	4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check					
Filed(Month/Da				th/Day/Yea	/Day/Year)				Applicable Line)			
									X Form filed by Form filed by M	1 0		
ELKHART,	IN 46514-3305								Person		porting	
(City)	(State) (2	Zip)	Table	e I - Non-I	Deriv	vative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of	2. Transaction Date	2A. Dee	emed	3.		Securit			5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)		on Date, if	TransactionAcquired (A) or					Securities	Form: Direct	Indirect	
(Instr. 3)		any (Month/Day/Year)		CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)							Beneficial Ownership	
		(11101111)	2 aj; 1 cai)	(1115411-0)	(-		. und	2)	Following	(Instr. 4)	(Instr. 4)	
							(A)		Reported			
							or		Transaction(s) (Instr. 3 and 4)			
~				Code V	/ A	mount	(D)	Price	(msu. 5 and 4)			
Common Stock	10/09/2014			А	1	,000	А	<u>(1)</u>	6,000	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. Transactic Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,			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		

Edgar Filing: THOR INDUSTRIES INC - Form 4

Reporting Owners

Reporting Owner Name / Address		Relationships						
in porting o when	Director	10% Owner	Officer	Other				
ZIEMER JAMES L C/O THOR INDUS 601 EAST BEARD ELKHART, IN 465	Х							
Signatures								
/s/James L. Ziemer	10/10/201	14						
**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) 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.