FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | | |
|--------------|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | |

OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

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

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 and Address of Reporting Person* Stinson Mark B | | | | | | 2. Issuer Name and Ticker or Trading Symbol TORO CO [TTC] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Vother (specify | | | | |
|--|---|--|---|----------------------|--|--|-----------------|---|-------|-----------------------------------|--------------------|---|--|--|---|-------------------------------|---|---------------------------------------|
| (Last) 8111 LYI | (Fii NDALE AV | | 3. Date of Earliest Transaction (Month/Day/Year) 12/08/2009 | | | | | | | | below) GM, Exmark | | | | | | | |
| (Street) BLOOMINGTON MN 55420-1196 (City) (State) (Zip) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | e I - N | on-Deriv | ative | Sec | uritie | s Ac | quire | d, Di | sposed o | f, or E | Benefic | ially Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | Execution Date | | | 3. Transa Code (8) | | 4. Securities Disposed O 5) | | | d Securitie Beneficia | Beneficially Owned Following | | Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transact (Instr. 3 | ion(s) | | | (Instr. 4) |
| Common Stock 12/08/20 | | | | | 2009 | 09 | | | A | | 585(1) | A | \$0 | 8,6 | 8,600 | | D | |
| Common Stock 12/08/20 | | | | 2009 | 09 | | | F | | 183 | D | \$39.6 | 67 8, 4 | 8,417 | | D | | |
| Common Stock | | | | | | | | | | | | | 957 | 957.945 | | I | The Toro Company Investment, Savings & ESOP | |
| 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) | Executi if any | execution Date, fany | | ransaction rode (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Exerc tion Da n/Day/\ | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 9. Number derivative Securitie Beneficia Owned Followine Reported Transact (Instr. 4) | e es ally g | 10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership (Instr. 4) |
| | | | Code | v | (A) | (D) | Date Exercis | or Number Expiration of | | | | | | | | | | |

${\bf Explanation\ of\ Responses:}$

1. Represents payout of Performance Share Awards for the Fiscal 2007 to Fiscal 2009 Performance Period under The Toro Company Performance Share Plan (the "PSP"), as approved by the registrant's Compensation & Human Resources Committee of its Board of Directors and conditioned upon and subject to confirmation by the registrant's Fiscal 2009 financial results released on December 8, 2009. Performance Share Awards are paid in Shares of Common Stock under the PSP.

/s/ Amy E. Dahl, Attorney-in-

<u>Fact</u>

** Signature of Reporting Person

12/10/2009

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.