FORM 4

UNITED STAT

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

TES SECURITIES AND EXCHANGE COMMISS	ION
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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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* <u>Carpenter Kevin N</u>						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 Other (specify					
(Last) (First) (Middle) 8111 LYNDALE AVE S						3. Date of Earliest Transaction (Month/Day/Year) 12/23/2024										below) Officer (give title Other (specify below) VP, Global Ops & Supply Chain					
(Street) BLOOMINGTON MN 55420 (City) (State) (Zip)					4. II	4. If Amendment, Date of Original Filed (Month/Day/Year)									Line	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Та	ble I - No	n-Deriv	ativ	e Se	ecuriti	es A	Acq	uired,	Dis	posed	of, or	Ben	eficially	/ Owned					
Date				2. Transac Date (Month/Da		ar) l	2A. Deemed Execution Date, if any (Month/Day/Year)			e, Transaction I Code (Instr. !		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 a) 5)						Form: I (D) or I		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
											V Amo		nt (A) or (D)		Price	Transaction (Instr. 3 and				(111511. 4)	
Common Stock																7,942	.81 D		D		
Common Stock																1.031		I		The Toro Company Retirement Plan	
			Table II -	Derivat (e.g., p												Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemee Execution I if any (Month/Day	Date, Tra	ansaction ode (Instr.		of		Exp	Date Exerc Diration Di Dinth/Day/\frac{1}{2}	ate		Securitie Derivativ	7. Title and Amount of Securities Underlying Derivative Security Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s. (Instr. 4)		10. Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership (Instr. 4)	
				Co	ode '	v	(A)	(D)	Dat Exe	e ercisable	Ex _I	oiration e	Title	Nu	nount or imber of ares						
Non- Qualified Stock	\$86.02	12/23/2024		1	A		9,789			(1)	12/	23/2034	Commor		9,789	\$0	9,7	789	D		

(3)

Explanation of Responses:

(2)

- 1. The option vests in three equal annual installments commencing on the first anniversary of the December 23, 2024 grant date.
- 2. Each restricted stock unit represents a contingent right to receive one share of TTC common stock.
- 3. The restricted stock units vest and become non-forfeitable in full on January 23, 2027, which is the third anniversary of the date of grant.

Remarks:

Option Restricted

Stock Units

> /s/ Joanna M. Totsky, Attorney-12/23/2024 in-Fact

7,021.725

Commor Stock

(3)

** Signature of Reporting Person Date

7,021.725

D

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.