FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

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STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPRO	VAL
OMB Number:	3235-0287
Estimated average burde	en
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	OMB Number: Estimated average burde

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

							. ,													
Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
<u>Altmaier Judy L</u>				1									Directo	or		10% O	wner			
(Loch) (Eigh) (Middle)					3. [Date of Earliest Transaction (Month/Day/Year)							- :	X Officer below)	(give title	e Other below)		specify		
(Last) (First) (Middle)					12/	/08/20	010		•		,					VP, Op	erati	ons		
8111 LYNDALE AVE. S.																				
(Street)					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
l` ′	INGTON I	MN	55420												X Form filed by One Reporting Person					
——————————————————————————————————————			-										Form filed by More than One Reporting Person							
(City)	(S	tate)	(Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of	Security (Ins	tr. 3)		2. Trans	action	ction 2A. Deemed 3. 4. Securities Acquired (A					(A) or	or 5. Amount of				7. Nature				
				Date (Month/	Dav/Ye	Execution Date, ay/Year) if any					Dispose 5)	oosed Of (D) (Instr. 3,		3, 4 and	Securitie Benefici				of Indirect Beneficial	
l (MC				((Month/Day/Year)							Owned I	ollowing (i) (li		nstr. 4)	Ownership		
									Code	v	Amount	t (A) or Pr		Price	Reporte Transac	tion(s)			(Instr. 4)	
								Code	٧	Amount	FIICE			(Instr. 3	and 4)					
Common Stock														4,820.278(1)			D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
			(e.g., p	uts,	calls	s, warr	ants,	option	s, c	onverti	ble sec	uri	ties)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date		4. Transaction Code (Instr. B)		of E		5. Date Exercisable and Expiration Date Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		1)	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	g d	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
													Ai Oi	mount						
					Code	v	(A)		Date Exercisabl		cpiration ate	Title	of	umber hares						
Const				-	2000		(/-)	(5)		-			+						+	
Stock Option	\$63.52	12/08/2010			Α		6,100		(2)	12	2/08/2020	Commor Stock	' 6	5,100	\$0	6,100	'	D		

Explanation of Responses:

1. Includes 4,752 shares of restricted stock awarded to the reporting person as an inducement grant under the terms of her employment and exempted from a shareholder approved plan as provided for under NYSE Rule 303A.0, and 68.278 shares acquired under The Toro Company Dividend Reinvestment Plan since the date of her last report. The restricted stock and related dividends vest in full on the third anniversary of the date of grant, which was October 19, 2009.

2. The option vests in three equal annual installments commencing on the first anniversary of the date of grant.

/s/ Amy E. Dahl, Attorney-in-12/09/2010

Date

<u>Fact</u>

** Signature of Reporting Person

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.