FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Machinatan | D C | 20540 | |
|-------------|------|-------|--|
| Nashington, | D.C. | 20049 | |

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|------------------|
| | | | |

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | | | |
| 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).

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>HARLESS KATHERINE J</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol TORO CO [TTC] | | | | | | | | ationship k all app Direc | , | ng Per | rson(s) to Is | | |
|---|--|--|--|---------------------------|---|---|---|------------------|---|--------------------|-------|--|---|---------------------------------|---|---------------------|---|-----------|--|
| (Last) 8111 LY | (Fir | st) (M | /liddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 09/22/2022 | | | | | | | | | Office below | er (give title | Other (sp below) | | specify | |
| (Street) BLOOM (City) | INGTON M | | 55420-1 Zip) | 196 | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Indi Line) X | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Diametric Control of the Control of | | | 2. Transac Date (Month/Da | Execution ay/Year) if any | | cution Date, Transaction | | | | | | , 4 and Securit Benefic | | ies ially Following | Form (D) o | : Direct | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | Code | v | Amount | (A) (D) | or Price | | Transa | action(s) . 3 and 4) | | | (501. 4) | | | |
| Common Stock 09/22 | | | | 09/22/ | 2022 | | S | | 1,780 | D | | \$88 | 53,364.042 | | | D | | | |
| Common Stock Units | | | | | | | | | | | | | 3,528.786(1) | | | D | | | |
| | 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) | 3A. Deemed Execution Dat if any (Month/Day/Yo | on Date, | Date, Transac Code (In | | | | 6. Date Exerci Expiration Dat (Month/Day/Ye | | te | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | De Se (In | Price of rivative curity str. 5) | e derivative | Owner Form: Direct or Indi (I) (Inst | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | Code V | | | | v | (A) | | Date Exercisa | able | Expiration Date | Title | Amou or Numb of Share | er | | | | | | |

Explanation of Responses:

1. Includes 25.717 common stock units acquired by the reporting person since the date of her last report under the dividend reinvestment feature of the Deferred Plan.

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

09/23/2022

Fact

** Signature of Reporting Person Date

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.