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 |
|------------------------|-----------|
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| 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* COOPER JANET KATHERINE | | | | | | 2. Issuer Name and Ticker or Trading Symbol TORO CO [TTC] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|---|--------------------------------------|---|--|--------|--|--------------|--|-------------------|--|--------------------|--|---|---|--|---|--|--|--|--|
| COOPER JANET KATTERINE | | | | | | | | | | | | | X Directo | or 10% | | 0% Ow | ner | | | |
| (Last) 8111 LY | ` | rst) (| (Middle) | | | Date of Earliest Transaction (Month/Day/Year) 2/22/2016 | | | | | | | | Officer below) | (give title | | ther (s elow) | pecify | | |
| | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) | | | | | | | | | | | | | | | Line) X Form filed by One Reporting Person | | | | | |
| BLOOMINGTON MN 55420-1196 | | | | 196 | _ | | | | | | | | | | Form filed by More than One Re | | | | | |
| (City) | (S | ate) (| (Zip) | | | | | | | | | | | Perso | n | | | | | |
| | | Tab | le I - No | n-Deri | vative | e Se | curiti | ies Ac | quired, | Dis | sposed o | of, or Be | neficial | ly Owned | t | | | | | |
| Dat | | | Date | 2. Transaction Date (Month/Day/Year) | | Execution Date, | | 3. 4. Securities Acq Transaction Code (Instr.) 8) | | | | 5) Securition Beneficition Owned I | 5. Amount of Securities Beneficially Owned Following | | ect E | . Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | | | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | Instr. 4) | | |
| Common Stock | | | 02/22 | 2/2016 | | | | M | | 1,749 | A | \$26.80 | 5 4,229 | | D | | | | | |
| Common Stock | | | 02/22 | 2/2016 | | | | S | | 1,749 | D | \$79.9 |) 2, | 2,480 | | | | | | |
| Common | Stock | | | | | | | | | | | | | 10 | ,965 | I | I | By trust | | |
| Common Stock Units | | | | | | | | | | | | | | 21,83 | 9.172(1) | D | | | | |
| | | Т | able II - | | | | | | | | | | | Owned | | | | | | |
| | - | | | | | call | - | | • | | converti | | | 1 | l | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | n Date, | | ransaction Code (Instr. | | n of | | 6. Date Exercis Expiration Date (Month/Day/Yea | | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Own Forn Direc or In (I) (Ir | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amount or Number of Shares | | | | | | | |
| Non- Qualified Stock | \$26.805 | 02/22/2016 | | | M | | | 1,749 | (2) | | 11/01/2017 | Common Stock | 1,749 | \$0 | 3,497 | | D | | | |

Explanation of Responses:

- 1. Includes 95.384 common stock units acquired by the reporting person under the dividend reinvestment feature of The Toro Company Deferred Compensation Plan for Non-Employee Directors since the date of her last report.
- 2. The option vested in three equal annual installments commencing on the first anniversary of the date of grant, which was November 1, 2007.

/s/ Nancy A. McGrath, 02/24/2016 Attorney-In-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.