SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per 0.5 response:

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 A <u>Stutz Jeff</u>		2. Date of E Requiring S (Month/Day)	tatement	3. Issuer Name and Ticker or Trading Symbol <u>JOHNSON OUTDOORS INC</u> [JOUT]							
	(Last) (First) (Middle) C/O JOHNSON OUTDOORS INC. 555 MAIN STREET		05/23/2023		Issuer	ationship of Reporting (all applicable) Director Officer (give title below)	Person(s) to 10% Owner Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) RACINE WI 53403 (City) (State) (Zip)						Delow)			eck Applicable Form filed I Person	by One Reporting by More than One	
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)				E		int of Securities ially Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Class A Common Stock						0	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
Ex			Expiration Da	2. Date Exercisable and Expiration Date Month/Day/Year)		3. Title and Amount of Se Underlying Derivative Se (Instr. 4)				5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
		Date	Expiration Date	Title		Amount or Number of Shares	Derivat Securit	ive	or Indirect (I) (Instr. 5)	5)	

Explanation of Responses:

/s/ Jeffrey M. Stutz

<u>05/23/2023</u> Date

** 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 5 (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.