

**FORM 4**

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL	
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**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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>JOHNSON LEIPOLD HELEN P</u>  (Last) (First) (Middle)  (Street)  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>JOHNSON OUTDOORS INC [ JOUT ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) Chairman and CEO
	3. Date of Earliest Transaction (Month/Day/Year) <u>07/08/2003</u>	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			

**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 Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		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. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date						Title
Option (right to buy) <sup>(1)</sup>	13.04	07/08/2003		P		485,000		07/08/2003	01/07/2005	Class A Common Stock	485,000	\$2.31	485,000	D	

**Explanation of Responses:**

1. Stock option granted pursuant to that certain Option Agreement, dated July 8, 2003, by and among the Samuel C. Johnson 1988 Trust Number 1 dated September 14, 1988, as amended and restated, Helen P. Johnson-Leipold, S. Curtis Johnson, H. Fisk Johnson and Winifred J. Marquart.

Linda L. Sturino, attorney-in-fact 07/09/2003

\*\* 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.

DURABLE POWER OF ATTORNEY  
OF  
HELEN P. JOHNSON-LEIPOLD

In accordance with the Uniform Durable Power of Attorney Act, Section 243.07 of the Statutes of the State of Wisconsin, I, Helen P. Johnson-Leipold, a resident of Racine County, Wisconsin, as principal, hereby appoint each of Jane M. Hutterly, John H. Anderson, Linda L. Sturino or Brian S. Kult, of Racine, Wisconsin, as my Agent to perform in my name any of the following powers as he/she shall determine to be necessary.

. . .

4. Investments

a. To invest and reinvest my property in stocks, bonds, or other securities; to sell and transfer my securities or other assets; and to make other investments and establish accounts. (Any transfer agent or corporate secretary shall conclusively presume that my Agent has the authority given.)

b. To vote at the meetings of any corporation and otherwise to act as my proxy or representative, in respect to any shares now held, or which may hereafter be acquired by me in any corporation and for that purpose to sign and execute any proxies or other instrument in my name and on my behalf.

. . .

9. Effect of Disability

This Durable Power of Attorney shall remain in full force and effect until and unless I personally revoke it in a written notice delivered to my Agent. My subsequent physical or mental disability, incapacity or incompetence shall not affect this Durable Power or diminish the authority of my Agent.

10. Proof of Continuance of This Durable Power of Attorney

Each governmental agency or department, person, partnership, corporation, or other legal entity relying upon or acting upon this instrument shall be entitled to conclusively presume that this instrument is in full force and effect unless written notice shall have been given by the undersigned to such governmental agency or department, person, partnership, corporation, or other legal entity that this instrument has been revoked. An affidavit executed by my Agent stating that she/he did not have (at the time of exercising the power) actual knowledge of the termination of the power or of my death is conclusive proof of the non-revocation or non-termination of the power at that time.

11. Copies of Power of Attorney

A true copy of this power of attorney, whether in facsimile form or otherwise, shall be as legally valid as the original.

12. Revocation of Prior Powers of Attorney

This instrument revokes all prior powers of attorney executed by me effective the date of this instrument.

I hereby ratify and confirm all that my Agent or any substitute or alternate Agent shall do in reliance on this Durable Power of Attorney.

Dated: April 17, 2000

/s/ Helen P. Johnson-Leipold  
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Helen P. Johnson-Leipold

ACKNOWLEDGMENT

STATE OF WISCONSIN    )  
                          ) SS  
COUNTY OF RACINE    )

Personally came before me this 17th day of April, 2000, the above-named Helen P. Johnson-Leipold, to me known to be the person who executed the foregoing instrument and acknowledged the same.

/s/ Joyce A. Onosko  
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Notary Public, State of Wisconsin  
My commission expires: 3/9/03  
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CONSENT OF AGENTS

The undersigned agree to act as Agent for the foregoing-named principal.

/s/ Jane M. Hutterly  
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Jane M. Hutterly

/s/ John H. Anderson  
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John H. Anderson

/s/ Linda L. Sturino  
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Linda L. Sturino

/s/ Brian S. Kult  
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Brian S. Kult