## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	OVAL				
OMB Number:	3235-0287				
Estimated average burden					
hours per response:	0.5				
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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

					01 360	JUOIT	30(11)	or the ir	ivesimei	it Con	npany Act	01 194	J						
1. Name and Address of Reporting Person*  TISCH DANIEL R				2. Issuer Name <b>and</b> Ticker or Trading Symbol JOHNSON OUTDOORS INC [ JOUT ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner						
(Last) 500 PARI	(Fi	,	Middle)			Date of Earliest Transaction (Month/Day/Year) /10/2008								Officer (give title Other (spe below) below)					
(Street)  NEW YC  (City)			10022 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  X Form filed by More than One Reporting Person						
		Tabl	e I - Noi	n-Deriv	ative S	ecu	ıritie	s Acq	uired,	Dis	osed o	f, or	Benef	ficiall	y Own	ed			
1. Title of Security (Instr. 3)			2. Transa Date (Month/D	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			A) or , 4 and	4 and Securities Beneficially Owned Followin		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
										v	Amount	() (I	A) or F	Price	Trans	eported ansaction(s) estr. 3 and 4)			(Instr. 4)
Class A C	ommon Sto	ock		09/10	/2008				P		655		Α :	\$15.0	5 8	870,000		D	
Class A Common Stock 09,				09/10	2008		P		100 A \$1		\$14.9 <sup>!</sup>	870,100		D					
		Та	ıble II - I								sed of, onvertib				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transacti Code (Ins 8)	tion of I		6. Date Exercisa Expiration Date (Month/Day/Year		•	7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4)		D S (I	Price of erivative ecurity estr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Ox Fo Di or (I)	o. wnership orm: irrect (D) · Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code V		(A)		Date Exercisa		Expiration Date	Title	Amou or Numb of Share	er					
l	d Address of DANIEL	Reporting Person*																	
(Last) (First) (Middle) 500 PARK AVENUE																			

1. Name and Address of Reporting Person*  TISCH DANIEL R									
(Last)	(First)	(Middle)							
500 PARK AVENUE									
(Street)									
NEW YORK	NY	10022							
(City)	(State)	(Zip)							
1. Name and Address of Reporting Person*  TOWERVIEW LLC									
(Last)	(First)	(Middle)							
500 PARK AVENUE									
(Street)									
(Street) NEW YORK	NY	10022							

**Explanation of Responses:** 

## Remarks:

1. In addition to TowerView LLC, this Form 4 is being jointly filed by Daniel R. Tisch, who is General Member of, and has the same business address as, TowerView LLC and may be deemed to have a pecuniary interest in securities owned by it.

> Daniel R. Tisch Daniel R. Tisch

09/10/2008 09/10/2008

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.