## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANG</b>	ES IN BE	NEFICIAL	<b>OWNERS</b>	HIP

	OMB APPRO	OVAL
	OMB Number:	3235-0287
l	Estimated average burd	en
l	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

					0. 0	5000	011 00(11,	, or tile		ment c		ipariy Act	01 10-1									
1. Name and Address of Reporting Lesson					2. Issuer Name <b>and</b> Ticker or Trading Symbol JOHNSON OUTDOORS INC [ JOUT ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner								
																X						
(1 ast) (First) (Middle) I							3. Date of Earliest Transaction (Month/Day/Year) 10/07/2008										Office below	er (give title v)		Other below)	specify	
					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable							
(Street) NEW YO	ORK N	<b>Y</b> 1	10022												Line) Form filed by One Reporting Person  X Form filed by More than One Reporting Person							
(City)	(S	tate) (	Zip)																			
		Tabl	le I - Noi	n-Deriva	ative	Se	curitie	es Ac	quir	ed, D	isp	osed o	f, or	Ben	efici	ally (	Owne	ed				
Da			2. Transa Date (Month/D		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		Co	Transaction Code (Instr.				d (A) o r. 3, 4 a	4 and Secur Benef Owner		ities Ficially (I d Following (I		vnership :: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Co	ode V	,	Amount	unt (A) or Pr			e	Reported Transaction(s) (Instr. 3 and 4)		(Ir		(Instr. 4)	
Class A C	Class A Common Stock 10/07/200			//2008	3				P		378	378 A :		\$1	1.9	905,578			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)	erivative   Conversion   Date   Execution Date,   Tracecurity   or Exercise   (Month/Day/Year)   if any   Co		Transa Code (	saction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Expi	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		J	8. Price of Derivative Security (Instr. 5)				0. Ownership orm: Oirect (D) r Indirect ) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exer	cisable		Expiration Date	Title	or Nu of	ımber							
TISCH	d Address of DANIEI					_																
(Last)		(First)	(Mide	lle)																		

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

## 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 10/08/2008 Daniel R. Tisch 10/08/2008 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 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.