

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 IMOGENE 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) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <u>02/20/2003</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			
Class A Common Stock	02/20/2003		A		966	A	0.00	3,018,427 ⁽¹⁾	I	By Husband ⁽²⁾

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	Amount or Number of Shares				
Option (right to buy) ⁽³⁾	10.36	02/20/2003		A		4,150		02/20/2004	02/20/2013	Class A Common Stock	4,150	\$0.00	4,150	I	By Husband ⁽²⁾
Option (obligation to sell) ⁽⁴⁾	13.04	07/08/2003		S		970,001		07/08/2003	01/07/2005	Class A Common Stock	970,001	\$2.31	0	I	By Husband ⁽²⁾

Explanation of Responses:

- In addition to these shares of Class A Common Stock, the reporting person beneficially owns 32,543 shares as settlor, trustee and beneficiary of the Imogene Powers Johnson 1993 Trust u/a Dated December 13, 1993.
- Mrs. Johnson disclaims beneficial ownership of these shares.
- Stock option granted pursuant to the Johnson Outdoors Inc. 1994 Non-Employee Director Stock Ownership Plan.
- 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

Jane M. Hutterly, 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.

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. BY SIGNING THIS DOCUMENT, YOU ARE NOT GIVING UP ANY POWERS OR RIGHTS TO CONTROL YOUR FINANCES AND PROPERTY YOURSELF. IN ADDITION TO YOUR OWN POWERS AND RIGHTS, YOU ARE GIVING ANOTHER PERSON, YOUR AGENT, BROAD POWERS TO HANDLE YOUR FINANCES AND PROPERTY. THIS BASIC POWER OF ATTORNEY FOR FINANCES AND PROPERTY MAY GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR FINANCES AND PROPERTY, WHICH MAY INCLUDE POWERS TO ENCUMBER, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THE POWERS WILL EXIST AFTER YOU BECOME DISABLED, OR INCAPACITATED, IF YOU CHOOSE THAT PROVISION. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF YOU OWN COMPLEX OR SPECIAL ASSETS SUCH AS A BUSINESS, OR IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN THIS FORM TO YOU BEFORE YOU SIGN IT.

IF YOU WISH TO CHANGE YOUR BASIC POWER OF ATTORNEY FOR FINANCES AND PROPERTY, YOU MUST COMPLETE A NEW DOCUMENT AND REVOKE THIS ONE. YOU MAY REVOKE THIS DOCUMENT AT ANY TIME BY DESTROYING IT, BY DIRECTING ANOTHER PERSON TO DESTROY IT IN YOUR PRESENCE OR BY SIGNING A WRITTEN AND DATED STATEMENT EXPRESSING YOUR INTENT TO REVOKE THIS DOCUMENT. IF YOU REVOKE THIS DOCUMENT, YOU SHOULD NOTIFY YOUR AGENT AND ANY OTHER PERSON TO WHOM YOU HAVE GIVEN A COPY OF THE FORM. YOU ALSO SHOULD NOTIFY ALL PARTIES HAVING CUSTODY OF YOUR ASSETS. THESE PARTIES HAVE NO RESPONSIBILITY TO YOU UNLESS YOU ACTUALLY NOTIFY THEM OF THE REVOCATION. IF YOUR AGENT IS YOUR SPOUSE AND YOUR MARRIAGE IS ANNULLED, OR YOU ARE DIVORCED AFTER SIGNING THIS DOCUMENT, THIS DOCUMENT IS INVALID.

SINCE SOME THIRD PARTIES OR SOME TRANSACTIONS MAY NOT PERMIT USE OF THIS DOCUMENT, IT IS ADVISABLE TO CHECK IN ADVANCE, IF POSSIBLE, FOR ANY SPECIAL REQUIREMENTS THAT MAY BE IMPOSED.

YOU SHOULD SIGN THIS FORM ONLY IF THE AGENT YOU NAME IS RELIABLE, TRUSTWORTHY AND COMPETENT TO MANAGE YOUR AFFAIRS.

I, IMOGENE POWERS JOHNSON, of the Village of Wind Point, Racine County, Wisconsin, appoint my son, H. FISK JOHNSON, of Chicago, Illinois, JANE M. HUTTERLY, of Racine, Wisconsin, and LINDA L. STURINO, of Racine, Wisconsin, as my agents (my "co-agents"), all of whom are collectively referred to herein as my "agent," to act for me in any lawful way with respect to the powers initialed below. If more than one agent is named to act hereunder, such co-agents shall act by majority. If any of the named co-agents shall die, become incompetent, resign, or refuse to accept the office of agent, or is otherwise

unable or unwilling to act, then the remaining co-agents or co-agent shall act. During any period in which more than one agent is acting hereunder, the following provisions shall be applicable where the context admits: (a) any agent may delegate any part or all of the rights, powers, duties, discretions and immunities granted to or imposed upon such agent by this instrument to any other agent, with the consent of the latter; (b) no agent shall be liable or responsible for any act or failure to act of the other agent in which the former has not concurred; (c) the co-agents may execute any instrument or document in connection with the purposes of this instrument by signing one document or instrument or concurrent documents or instruments; and (d) the affidavit of any agent shall be conclusive evidence insofar as third parties are concerned that any act of such agent has been duly authorized.

TO GRANT ONE OR MORE OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

. . .

GENERAL AUTHORITY

Initials

/s/ IPJ 12. GENERAL: My agent may do any act or thing that I could do in my own proper person if personally present, including managing or selling tangible assets, disclaiming a probate or nonprobate inheritance and providing support for a minor child or dependent adult. The specifically enumerated powers of the basic power of attorney for finances and property are not a limitation of this intended broad general power except that my agent may not take any action prohibited by law and my agent under this document may not:

- a. Make medical or health care decisions for me.
- b. Make, modify or revoke a will for me.
- c. Other than a burial trust agreement under section 445.125,

Wisconsin Statutes, enter into a trust agreement on my behalf or amend or revoke a trust agreement, entered into by me.

d. Change any beneficiary designation of any life insurance policy, qualified retirement plan, individual retirement account or payable on death account or the like whether directly or by canceling and replacing the policy or rollover to another plan or account.

e. Forgive debts owed to me or disclaim or waive benefits payable to me, except a probate or nonprobate inheritance.

f. Appoint a substitute or successor agent for me.

g. Make gifts.

. . .

I agree that any third party who receives a copy of this document may act under it. Revocation of this basic power of attorney is not effective as to a third party until the third party learns of the revocation. I agree to reimburse the third party for any loss resulting from claims that arise against the third party because of reliance on this power of attorney.

Signed this 6 day of June, 2003.

/s/ Imogene Powers Johnson

Name

[Social Security Number]

Social Security Number

By signing as a witness, I am acknowledging the signature of the principal who signed in my presence and the presence of the other witness, and the fact that the principal has stated that this power of attorney reflects the principals wishes and is being executed voluntarily. I believe the principal to be of sound mind and capable of creating this power of attorney. I am not related to the principal by blood or marriage, or adoption, and, to the best of my knowledge, I am not entitled to any portion of the principal's estate under the principal's will.

Witness: /s/ Linda L. Sturino

Dated: June 6, 2003

By: -----

Print Name: Linda L. Sturino

Address: [Address]

Witness: /s/ Stephen M. Chiles

Dated: June 6, 2003

By: -----

Print Name: Stephen M. Chiles

Address: [Address]

State of Wisconsin)
County of Racine)

This document was acknowledged before me on June 6, 2003 by
IMOGENE POWERS JOHNSON.

/s/ Joyce A. Onosko

(Signature of Notarial Officer)

(Seal, if any)
(Title)

My commission is permanent or expires: 3/4/07

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, EACH AGENT ASSUMES THE
FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

H. FISK JOHNSON

Agent

/s/ H. Fisk Johnson

(Signature of Agent)

JANE M. HUTTERLY

Agent

/s/ Jane M. Hutterly

(Signature of Agent)

LINDA L. STURINO

Agent

/s/ Linda L. Sturino

(Signature of Agent)