UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL						
OMB Number:	3235-0	287				
Estimated average burden						
nours per response						

longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

						alationahi									
Repor	ting O	wners													
					Code V	(A) (D	Ex	ate cercisable	Expiration Date	on Tit	Amount or le Number of Shares				
	Derivative Security					Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				(In 4)	str. 3 and		Owned Following Reported Transacti (Instr. 4)	or Inc	t (D) lirect
Security	Conversion or Exercise Price of		Execution I	d A	4. Transaction Code	5. Numb of Derivativ Securitie	er 6. an ve (N	Date Exer d Expirati Ionth/Day	cisable on Date	7. An Un Sec	Γitle and nount of derlying curities	8. Price of Derivative Security (Instr. 5)	Derivativ Securities Beneficia	e Owne Form Illy Deriv	ative Ownersh
			Table II -		ive Securi						ally Owned	l			
							COI	ntained i	n this fo	orm a	re not req	ction of in uired to re I OMB cor	spond u	nless	SEC 1474 (9- 02)
Reminder: indirectly.	Report on a	separate line	for each class of se	curities b	eneficially	owned di	ectly	or							
Common	Stock										37,726			D	7 7411
Common	Stock		02/02/2009			I		151,007	A A	\$ 2.98	151,007			I	By Restoration Plan
	(Month/		(Month/Day/Year)		/Day/Year)	()	V	(A) or			str. 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership	
(Instr. 3) Date E		Execution	Execution Date, if Code			(A) or Disposed of (D)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			6. Ownership Form:	7. Nature of Indirect Beneficial		
(City		(State)	(Zip)		Ta	able I - No	n-De	rivative S	ecurities	s Acqu	ired, Dispo	osed of, or l	Beneficial	ly Owned	
(Street) LAKE FOREST, IL 60045			4. If A	4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person						
(Last) (First) (Middle) BRUNSWICK CORPORATION, 1 N FIELD COURT			02/02	3. Date of Earliest Transaction (Month/Day/Year) 02/02/2009					X Officer (give title below) Other (specify below) VP & CHIEF HUMAN RES OFFICER						
Name and Address of Reporting Person – LOCKRIDGE B RUSSELL			BRU	2. Issuer Name and Ticker or Trading Symbol BRUNSWICK CORP [BC]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
	pe Response		Person *	2 Is	suer Name	and Ticke	r or T	Frading S	zmbol		5. Relation	iship of Rei	orting Pe	rson(s) to Is	suer

Domontino Orano Norro / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
LOCKRIDGE B RUSSELL							
BRUNSWICK CORPORATION			VP & CHIEF HUMAN RES OFFICER				
1 N FIELD COURT							
LAKE FOREST, IL 60045							

Signatures

By: Power of Attorney For: /s/ B Russell Lockridge	02/03/2009	
**Signature of Reporting Person	Date	

Explanation of Responses:

- * 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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB nu	mber.