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

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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).

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

(Print or Ty	pe Response	es)																
1. Name and Address of Reporting Person - LOCKRIDGE B RUSSELL					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					
(Last) (First) (Middle) BRUNSWICK CORPORATION, 1 N FIELD COURT					3. Date of Earliest Transaction (Month/Day/Year) 12/07/2010								X Officer (give title below) Other (specify below) VP & CHIEF HUMAN RES OFFICER					
(Street)					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					
LAKE FOREST, IL 60045 (City) (State) (Zip)					Table I - Non-Derivative Securities Acon								ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year			n/Day/Year)	2A. Deemed Execution Date, it			3. Transaction Code (Instr. 8)		4. S (A) (Ins	Securities A or Dispose str. 3, 4 and (A) (Conount (D)	acquired 5. Amount od of (D) Owned Fol Transaction (Instr. 3 and		of Securities Beneficially lowing Reported n(s)		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder:	Report on a	separate line for	each class	Table II - D	Derivativ	e Se	curit	ies Acqu	Pers cont form	ons aine dis	who resp ed in this f plays a cu	form are urrently v	not requi valid OME	ion of info red to resp control n	ond unless		1474 (9-02)	
1. Title of 2. Derivative Conversion Security (Instr. 3) Price of Derivative Security		3. Transaction Date (Month/Day/Yo	Execu any	3A. Deemed Execution Date, if	4. Transac Code	tion	5. N of Der Sect Acq (A) Disp (D)	fumber ivative urities uired or posed of tr. 3, 4,	6. Date and Exp	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares					
Phantom Stock Units	<u>(1)</u>	12/07/2010)		I		. ,	49,153	(2)	(2)	Commo	on 49 153	\$ 17.65	100,036	I	By Restoration Plan	
Repor	ting O	wners																
Reporting Owner Name / Address			100/ 0	Relationships							0.1							
LOCKRIDGE B RUSSELL			Director	10% Owne	mer Officer							Other						

Signatures

1 N FIELD COURT LAKE FOREST, IL 60045

BRUNSWICK CORPORATION

By: Power of Attorney For: /s/ B Russell Lockridge	12/09/2010		
**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).
- (1) The reported phantom stock units were acquired under the Company's excess benefit plan (the "Restoration Plan") and are the economic equivalent of one share of Brunswick Corporation common stock.

VP & CHIEF HUMAN RES OFFICER

(2) The reported phantom stock units held under the Restoration Plan are to be settled upon the reporting person's retirement or other termination of service. The reporting person may transfer the value of these stock units into an alternative investment account at any time prior to settlement.

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 number.