FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
| vuoimigion, | D.O. | _00.0 |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL             |     |  |  |  |  |  |  |  |  |  |
|--------------------------|-----|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028     |     |  |  |  |  |  |  |  |  |  |
| Estimated average burden |     |  |  |  |  |  |  |  |  |  |
| 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

| 1. Name and Address of Reporting Person*  CHIUSANO ROBERT M                                     |  |                |  |                                | 2. Issuer Name and Ticker or Trading Symbol WINNEBAGO INDUSTRIES INC [ WGO ]  |                    |      |  |        |  |                 |   | Relationship<br>neck all appli<br>X Direct   | cable)<br>or   | ig Pers  | 10% Ov  | vner |
|---|--|----------------|--|--------------------------------|---|--------------------|------|--|--------|--|-----------------|---|--|----------------|--|---|------|
| (Last) WINNEE   | `  | oustries, inc. | Middle)  |                                | 3. Date of Earliest Transaction (Month/Day/Year)  11/27/2020  Officer (give title below) below)  Officer (give title below) |                    |      |  |        |  |                 |   | specify  |                |  |   |      |
| P.O. BOX 152  |  |                |  |                                | 4. If Amendment, Date of Original Filed (Month/Day/Year)  |                    |      |  |        |  |                 | 6. Individual or Joint/Group Filing (Check Applicable Line)                       |  |                |  |   |      |
| (Street) FOREST   | CITY IA  | Δ :            | 50436  | _                              |   |                    |      |  |        |  |                 | X Form filed by One Reporting Person Form filed by More than One Reporting Person |  |                |  |   |      |
| (City)  | (S   | tate) (        | (Zip)  |                                |   |                    |      |  |        |  |                 |   |  |                |  |   |      |
|   | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   |                |  |                                |   |                    |      |  |        |  |                 |   |  |                |  |   |      |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da                                      |  |                |  |                                | Execution Date,   |                    |      | Code (Instr. 5)  |        |  |                 | Benefici  | es Fo<br>ally (D)<br>Following (I)   |                | Ownership<br>orm: Direct<br>) or Indirect<br>(Instr. 4)                  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |      |
|   |  |                |  |                                |   |                    | Code | v  | Amount | (A) or (D) Price   |                 | Transac   | saction(s)<br>: 3 and 4)   |                |  | ()  |      |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |                |  |                                |   |                    |      |  |        |  |                 |   |  |                |  |   |      |
| Derivative   Conversion   Date   Executive   Security   Or Exercise   (Month/Day/Year)   if any |  |                | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year | Date, Transaction Code (Instr. |   |                    |      | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |        | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Security<br>(Instr. 3 and 4) |                 | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)                               | 9. Number<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | e<br>S<br>Illy | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>t (Instr. 4)                           |      |
|   |  |                |  | Code                           | v   | (A)                | (D)  | Date<br>Exercisab  |        | Expiration<br>Date   | Title           | Amount<br>or<br>Number<br>of<br>Shares  |  |                |  |   |      |
| Winnebago<br>Stock<br>Units   | (1)  | 11/27/2020     |  | A                              |   | 176 <sup>(2)</sup> |      | (1)  |        | (1)  | Common<br>Stock | 176(2)  | \$53.35  | 27,245         | (3)  | D   |      |

## **Explanation of Responses:**

- 1. Winnebago Stock Units are accrued under the Winnebago Industries, Inc. Directors Deferred Compensation Plan and are to be settled 100% in Winnebago Industries common stock upon the earliest of the following events: reporting person's termination of service as a director, death, disability or a "change in the effective control of the Company" as defined in the Plan pursuant to an election made by reporting person.
- 2. Represents amount of Winnebago Stock Units acquired by reporting person on the transaction date.
- 3. Represents total amount of Winnebago Stock Units held by reporting person in Winnebago Industries, Inc. Directors Deferred Compensation Plan as of reporting date.

/s/ Stacy Bogart, Senior Vice
President, General Counsel &
Secretary, Winnebago 12/04/2020
Industries, Inc. under Power of
Attorney

\*\* 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.