## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Check this box if no longer subject to STA Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
obligations may continue. See	
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

	OMB APPROVAL										
	OMB Number:	3235-0287									
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-	hours per response:	0.5									

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>Happe Michael J</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol WINNEBAGO INDUSTRIES INC [ WGO ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner							
,															X	Office	ctor er (give title			wner (specify
(Last)	(	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)										X	belov	w) belo		below)	
WINNEBAGO INDUSTRIES, INC.					10/	10/15/2019							President & CEO							
P.O. BOX 152																				
(Ctroot)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) FOREST	CITY	A	50436												X Form filed by One Reporting Person					on
														Form filed by More than One Reporting Person					orting	
(City)	(	State)	(Zip)																	
		Tab	le I - No	n-Deriv	ative	Se	curitie	s Acc	quired	, Dis	posed o	of, o	r Ben	efici	ally	Owne	ed			
Date				2. Transa Date (Month/E		Execution Da		Date,	3. Transaction Code (Instr. 8)						4 and Se Be Ov		Owned Following		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	:	Reported Transaction(s) (Instr. 3 and 4)				(IIISti. 4)		
Common Stock, \$.50 par value				10/15/2019				F		2,303(	1) <b>D</b> \$2		\$40	0.49 65,168		5,168	Г	)		
	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  (Instr. 3)  3. Transaction Date (Month/Day/Year)  (Month/Day/Year)  3A. Deemed Execution Date, if any (Month/Day/Year)				n Date,	4. Transaction Code (Instr. 8)		of		6. Date E Expiration (Month/I	on Dat		Am Sec Un Dec	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Deriv Secu	rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	m: ect (D) ndirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	,	(A)		Date Exercisa		Expiration Date	Titl	or Nu of	nount mber						

## **Explanation of Responses:**

1. Upon the annual incremental vesting of a restricted stock unit award granted 10/15/18 under the Winnebago Industries, Inc. 2014 Omnibus Equity, Performance Awards, and Incentive Compensation Plan, which is a Section 16(b) plan, the reporting person exercised their option to bave a portion of such vested shares, equal in value to the tax amount calculated based upon the value of such shares on the vesting date, to be withheld by the Company in order to meet the reporting person's tax obligation incurred upon the vesting of such restricted stock unit award.

/ Stacy Bogart, Vice

President, General Counsel &

Secretary, Winnebago

10/17/2019

Industries, Inc. under Power of

**Attorney** 

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.

<sup>\*\*</sup> Signature of Reporting Person Date