FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL										
OMB Number:	3235-0287									
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0.5

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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

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*						2. Issuer Name and Ticker or Trading Symbol WINNEBAGO INDUSTRIES INC [ WGO ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
RODAMAKER MARTHA T						11 11	LDIIC	<u> </u>	TIDOUI	111	<u>LU II (</u>	<u>o</u> [		X Direct	or		10% Ov	vner	
(Last) WINNEE	ast) (First) (Middle) /INNEBAGO INDUSTRIES, INC.					3. Date of Earliest Transaction (Month/Day/Year) 08/31/2018								Office below	r (give title )		Other (s below)	pecify	
P.O. BOX 152					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. 1	6. Individual or Joint/Group Filing (Check Applicable					
(Street) FOREST CITY IA 50436												X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(St	ate) (	Zip)																
		Tab	le I - Noi	າ-Deri\	/ative	Sec	curities	S Ac	quired, D	isp	osed o	f, or Be	neficial	ly Owne	t				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date,		Date,	Transaction Disposed Code (Instr. 5)		ities Acquired (A) o d Of (D) (Instr. 3, 4		Benefici Owned	es ally Following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	,	Amount	(A) oi (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
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. Deemo Execution if any (Month/Da	Date,	4. Transaction Code (Instr 8)				6. Date Exercisable Expiration Date (Month/Day/Year)			le and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares						
Winnebago Stock Units <sup>(1)</sup>	(1)	08/31/2018			A		170 <sup>(2)</sup>		(1)		(1)	Common Stock	170(2)	\$36.95	11,862 <sup>(</sup>	(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 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 on
- 2. Represents amoutn 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 of reporting date.

/s/ Stacy Bogart, Vice President, General Counsel &

Secretary, Winnebago

Industries, Inc. under Power of

<u>Attorney</u>

\*\* Signature of Reporting Person

Date

09/05/2018

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.