FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL             |     |  |  |  |  |  |  |  |  |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287    |     |  |  |  |  |  |  |  |  |
| Estimated average burden |     |  |  |  |  |  |  |  |  |
| hours per response:      | 0.5 |  |  |  |  |  |  |  |  |

|  | tion 1(b).  |   |              | Filed                             | pursua<br>or Se  | ant to S<br>ection 3 | Section<br>30(h) o                         | 16(a)<br>of the I         | of the S                | Securi<br>ent Co   | ties Exchang<br>mpany Act o          | e Act of<br>f 1940  | 1934   |   | nours   | s per re  | esponse:   | 0.5                                   |
|--|---|---|--------------|-----------------------------------|--|----------------------|--|---------------------------|-------------------------|--------------------|--------------------------------------|---|--|---|---|---|--|---------------------------------------|
| 1. Name and Address of Reporting Person*  West Christopher David |   |   |              |                                   | 2. Issuer Name and Ticker or Trading Symbol WINNEBAGO INDUSTRIES INC [ WGO ] |                      |  |                           |                         |                    |                                      |   | 5. Relationship of Reporting (Check all applicable)  Director  Officer (give title |   |   | g Person(s) to Issuer  10% Owner Other (specify |  |                                       |
| (Last)<br>WINNEI<br>P.O. BOX                                     |   | rst) (I<br>DUSTRIES, INC                  | Middle)      |                                   | 3. Date of Earliest Transaction (Month/Day/Year) 10/23/2020                  |                      |  |                           |                         |                    |                                      |   |  | A belo  | SVP-Operations  |   |  |                                       |
| (Street) FOREST  | CITY IA   |   | 0436<br>Zip) |                                   | 4. If <i>i</i>   | Amend                | ment,                                      | Date o                    | of Origin               | al File            | d (Month/Da                          | y/Year)   |  | ne)<br>X For  | or Joint/Grou<br>m filed by On<br>m filed by Mo<br>son            | ie Rep  | orting Pers  | on                                    |
|  |   | Table                                     | I - No       | n-Deriva                          | tive \$  | Secu                 | rities                                     | Acc                       | quired                  | , Dis              | posed of                             | , or B  | enefic   | ially Ow  | ned   |   |  |                                       |
| 1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day    |   |   |              |                                   |  | Execu                | Deemed<br>ution Date,<br>/<br>th/Day/Year) |                           |                         |                    | es Acquired (A)<br>Of (D) (Instr. 3, |   | nd Secu<br>Bene<br>Owne  | nount of<br>rities<br>ficially<br>ed Following      | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                      |                                       |
|  |   |   |              |                                   |  |                      |  | Code                      | v                       | Amount             | (A) or<br>(D)                        | Price   | Trans  | Reported<br>Transaction(s)<br>(Instr. 3 and 4)      |   |   | (Instr. 4)   |                                       |
| Common stock, \$.50 par value 10/23/20                           |   |   |              | 2020                              |  | S                    |  | 1,114                     | D                       | \$48.              | 205                                  | 17,678  |  | D   |   |   |  |                                       |
|  |   | Tal                                       | ole II -     |                                   |  |                      |  |                           |                         |                    | osed of, c                           |   |  |   | ed  |   |  |                                       |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)              | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year | ) if any     | emed<br>tion Date,<br>n/Day/Year) | 4.<br>Transaction<br>Code (Instr.<br>8)                                      |                      | of<br>Deriv                                | r<br>osed<br>)<br>r. 3, 4 | Expiration<br>(Month/Da |                    |                                      | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Inst<br>3 and 4) |  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) |   | ly  | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficia<br>Ownershi<br>t (Instr. 4) |
|  |   |   |              |                                   | Code V (A) (D)   |                      |  | Date<br>Exerci            | sable                   | Expiration<br>Date | Title                                | Number<br>of<br>Shares  |  |   |   |   |  |                                       |

**Explanation of Responses:** 

/s/ Stacy Bogart, Senior Vice President, General Counsel, Secretary and Corporate

10/27/2020

Responsibility

\*\* 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.