FORM 4

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

Check this box if no longer subject to	
Section 16. Form 4 or Form 5	
obligations may continue. See	
netruction 1(h)	

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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*  MILES DAVID W					2. Issuer Name and Ticker or Trading Symbol WINNEBAGO INDUSTRIES INC [ WGO ]								O ]   (Ch	Relationship leck all appli X Directo	cable)	Person(s) to I		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 11/24/2023								Officer below)	(give title	Other below	(specify	
13200 PIONEER TRAIL					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) EDEN PRAIRIE MN 55347													X Form filed by One Reporting Person  Form filed by More than One Reporting					
EDEN FRAIRIE MIN 3334/					Person													
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication												
ı		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																
		Tabl	e I - Non-l	Deriva	tive	Sec	uritie	es Ac	quired,	Dis	posed (	of, or Be	neficial	ly Owne	d			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						ır) Ex	. Deemed ecution Date, any onth/Day/Year)		Code (	Transaction Dispose Code (Instr. 5)		rities Acquired (A) or d Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	mount (A) or (D)		Transact (Instr. 3	tion(s)		(iiisu. 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. Deemed Execution Da if any (Month/Day/	ate, Ti	4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				c	ode	v	(A)	(D)	Date Exercisab		xpiration ate	Title	Amount or Number of Shares					
Deferred Stock Units <sup>(1)</sup>	(1)	11/24/2023			A		401		(1)		(1)	Common Stock	401	\$67.09	8,064	D		

## **Explanation of Responses:**

1. Deferred 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

> /s/ Stacy L. Bogart, SVP, General Counsel and Secretary, 11/27/2023 Attorney-in-Fact

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.