FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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* ENGLAND JOSEPH W						2. Issuer Name and Ticker or Trading Symbol WINNEBAGO INDUSTRIES INC [WGO]									Relationship of Reporting Person(s) to Issuer (Check all applicable)					
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									C Director			10% Ov	vner	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 03/31/2004								\dashv	Officer (below)	(give title		Other (s below)	specify		
WINNEBAGO INDUSTRIES, INC.				103/	03/31/2004															
P.O. BOX 152																				
1.0. DOX 132					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)															Y Form fil	ed by One	Repo	rting Persor	n	
FOREST	CITY IL	ı	50436												Form fil Person		e than	One Repor	ting	
(City)	(Si	tate)	(Zip)																	
		Ta	ble I - Non	-Deriv	ativ	e Se	curitie	es A	cqui	ired, D	isp	osed of,	or Ben	eficiall	/ Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					2A. Deeme Execution oay/Year) if any (Month/Da			te,	3. Transact Code (In 8)				Beneficia Owned F	s Illy ollowing	Form (D) or		7. Nature of Indirect Beneficial Ownership			
								G	Code	V Amount		(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(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 2. Conversion Date (Month/Day/Year) 3. Transaction Date (Execution Date, if any (Month/Day/Year)			4. Transaction Code (Instr. 8)		of Ex		Expira	5. 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. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
				c	ode	v	(A)	(D)	Date Exerc	cisable	Ex Da	piration ate	Title	Amount or Number of Shares						
Winnebago Stock Units ⁽¹⁾	(1)	03/31/2004			A		108 ⁽²⁾		01/01	L/2008 ⁽¹⁾	01	/01/2008 ⁽¹⁾	Common Stock	108(2)	\$30.95	6,628 ⁰	(3)	D		

Explanation of Responses:

- 1. Winnebago Stock Units were accrued under the Winnebago Industries, Inc. Directors Deferred Compensation Plan and are to be settled 100% in Winnebago common stock in January 2008 pursuant to an election made by reporting person on 1/17/01.
- 2. Represents amount of Winnebago Stock Units acquired 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 and reflecting two for one stock split of Winnebago common stock on 3/5/04.

/s/Raymond M. Beebe, Secretary, Winnebago Industries, Inc. under Power of

04/02/2004

Date

<u>Attorney</u>

** Signature of Reporting Person

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.