FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| igton, D.C. 20549 | 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* <u>Degnan Steven Scott</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol WINNEBAGO INDUSTRIES INC [WGO] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify | | | | |
|---|---|--|---|---|------------------------------|--|---|--------|---------------------------------------|--------------------------|------------------|--|----------------|---|--|---|---|--|--|--|
| | BAGO IND | rst) USTRIES, INC. | | 3. Date of Earliest Transaction (Month/Day/Year) 12/17/2019 | | | | | | | | | | X Office (give title Office (specify below) VP-General Manager of Towables | | | | | | |
| P.O. BOX 152 (Street) FOREST CITY IA 50436 (City) (State) (Zip) | | | | | 4. I | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - Noi | n-Deriv | vative | e Se | curitie | s Ac | quired, | Dis | posed o | of, or E | ene | ficiall | y Owned | t l | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | ar) i | 2A. Deemed Execution Date, f any Month/Day/Year) | | Code (| Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | Code | v | Amount | (A) (D) | (A) or (D) Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | | |
| Common Stock, \$.50 par value 12/17/3 | | | | | | 2019 | | | A | | 3,117 | (1) | 4 | \$ <mark>0</mark> | 38 | ,949 | | D | | |
| | | Т | able II - | | | | | | uired, C s, optior | | | | | | Owned | | | | | |
| 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. Transa Code (8) | | ı of | | 6. Date Ex Expiration (Month/Da | Date | | Amount | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Own For Dire or I (I) (I | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | xpiration ate | Title | or Nu of | umber | | | | | | |
| Employee Stock Option (right to | \$47.93 | 12/17/2019 | | | A | | 3,775 | | (2) | 1 | 2/17/2029 | Commo Stock | ⁿ 3 | ,775 | \$0 | 3,775 | 5 | D | | |

Explanation of Responses:

- 1. Granted 12/17/2019 under the Winnebago Industries, Inc. 2019 Omnibus Incentive Plan. Restricted Stock Units vest in annual increments of one-third beginning on 12/17/2020.
- $2. \ Stock \ options \ vest \ in \ annual \ increments \ of \ one-third \ beginning \ on \ 12/17/2020.$

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

Secretary, Winnebago 12/19/2019

<u>Industries</u>, <u>Inc. under Power of</u>

<u>Attorney</u>

** 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.