## FORM 4

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

, , , , , , , , , , , , , , , , , , ,	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-02		

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

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

1. Name and Address of Reporting Person*  KITCH GERALD C					2. Issuer Name <b>and</b> Ticker or Trading Symbol WINNEBAGO INDUSTRIES INC [ WGO ]								(Ch	eck all appli X Directo	or		10% O	wner	
(Last) WINNEE	`	rst) (	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 11/30/2010								Officer below)	er (give title v)		Other ( below)	specify	
P.O. BOX 152				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) FOREST	CITY IA		50436												X Form f	iled by One iled by More 1	•	Ü	
(City)	(St	ate) (	Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5)				5. Amou Securitie Beneficia Owned F Reported	es Form ally (D) of Following (I) (II		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
				C		Code	v	Amount	(A) or (D) Pri		Price	Transact	Transaction(s) (Instr. 3 and 4)			(111501. 4)			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Date Execution Date, T			Transaction code (Instr. 8)  5. Numb of Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3, and 5)		tive ties ed ed	Expiration Date (Month/Day/Yea		e Amount of			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	or No of	umber					
Winnebago Stock Units <sup>(1)</sup>	(1)	11/30/2010			A		241 <sup>(2)</sup>		(1)		(1)	Commor Stock	2	41(2)	\$10.37	39,286 <sup>(3</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
- $2. \ Represents \ amount \ of \ Winnebago \ Stock \ Units \ acquired \ by \ reporting \ person \ on \ the \ transaction \ date.$
- 3. Represents total amount of Winnebago Stock Units held by reporting person in Winnebago Industries, Inc. Directors Deferred Compensation Plan as of reporting date.

/s/ Raymond M. Beebe, Secretary, Winnebago

12/01/2010 Industries, Inc. under Power of

<u>Attorney</u>

\*\* 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.