FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL											
	OMB Number:	3235-0287										
	Estimated average burden											
l	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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Fisher William C.					2. Issuer Name and Ticker or Trading Symbol WINNEBAGO INDUSTRIES INC [WGO])] (Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
risiler william C.														X Direct	or		10% Ov	ner	
(Last) (First) (Middle) WINNEBAGO INDUSTRIES, INC.						3. Date of Earliest Transaction (Month/Day/Year) 01/31/2018								Officer (give title below)			Other (s below)	pecify	
P.O. BOX	If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable									
(Street) FOREST CITY IA 50436			50436											Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)																			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution Date,			Transaction Disposed Code (Instr. 5)		ities Acquired (A) o d Of (D) (Instr. 3, 4 a		Benefici	es Formally (D) (Sollowing (I) (I		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code V		Amount	(A) or (D) Prio		Transact (Instr. 3	tion(s)			msu. 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 Dat if any (Month/Day/Yo	Co	Transaction Code (Instr.				6. Date Exercisal Expiration Date (Month/Day/Year			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Own Form Director In (I) (In	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Co	de	v	(A)	(D)	Date Exercisable	Ex Da	epiration ate	Title	Amount or Number of Shares						
Winnebago Stock Units	(1)	01/31/2018		A			147 ⁽²⁾		(1)		(1)	Common Stock	147(2)	\$45.45	5,719 ⁽⁾	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 11/13/2017.
- $2. \ Represents \ amount \ of \ Winnebago \ Stock \ Units \ acquired \ by \ reporting \ person \ on \ the \ transaction \ date.$
- 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/ Scott C. Folkers, Winnebago Industries, Inc. under Power of 02/01/2018 Attorney

** 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.