FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APP	ROVAL
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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 :	Sectio	11 30(11) (or the	investment	company	ACI	01 1940								
1. Name and Address of Reporting Person* AAL IRVIN E						2. Issuer Name and Ticker or Trading Symbol WINNEBAGO INDUSTRIES INC [WGO]									Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u> </u>	(VIIVL													X Direct	or		10% Ow	ner		
(Last) (First) (Middle) WINNEBAGO INDUSTRIES, INC.					3. Date of Earliest Transaction (Month/Day/Year) 06/29/2012									Officer (give title Other (sp below) below)				pecify		
P.O. BOX 152					4. If	Amer	ndment, I	Date o	of Original Fi	led (Mon	th/Da	ay/Year)	6. I Lin		Joint/Group	Filing	(Check App	olicable		
(Street)														,	filed by One	Reno	ortina Persor	,		
FOREST CITY IA		\	50436											Form filed by More than One Reporting						
(City) (State) (Zip)													Perso	1						
		Tab	le I - Noi	n-Deriva	tive	Sec	urities	s Ac	quired, D	ispose	ed o	f, or Be	neficial	ly Owned	d					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4		Benefici Owned F	es Formalially (D) (I) (I)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	Code V Amount		(A) or (D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)		1	Instr. 4)		
		T							uired, Dis					Owned	•					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transactio Code (Insti				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)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				c	ode	v	(A)	(D)	Date Exercisable	Expirat Date	tion	Title	Amount or Number of Shares							
Winnebago	(1)	00/20/2012					200(2)	П	(1)	(1)		Common	260(2)	#10.10	10.505(3)				

Explanation of Responses:

Units⁽¹⁾

- 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 12/14/2011.
- $2. \ Represents \ amount \ of \ Winnebago \ Stock \ Units \ acquired \ by \ reporting \ person \ on \ the \ transaction \ date.$
- 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, Secretary,
Winnebago Industries, Inc. 07/0
under Power of Attorney

07/02/2012

** 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.