FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

l	OMB APP	ROVAL
	OMB Number:	3235-0287
	Estimated average b	urden

	Check this box if no longer subject to								
$\overline{}$	Section 16. Form 4 or Form 5								
\cup	obligations may continue. See								
	Instruction 1(b).								

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP hours per response: 0.5 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* RODAMAKER MARTHA T						2. Issuer Name and Ticker or Trading Symbol WINNEBAGO INDUSTRIES INC [WGO]									elationship eck all applic C Directo	cable) or	g Pers	10% O	wner	
						3. Date of Earliest Transaction (Month/Day/Year) 08/30/2013									Officer below)	(give title		Other (below)	specify	
P.O. BOX 152						4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)					
(Street) FOREST CITY IA			50436												X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)			Zip)																	
		Tab	e I - Nor	-Deriv	ative	Se	curities	s Ac	quired,	Dis	posed o	f, or Be	enef	iciall	y Owned	ı				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution			Code (I	4. Securities Acquired Disposed Of (D) (Instr. 5)		red (A str. 3,) or 4 and	5. Amour Securitie Beneficia Owned F Reported	s ally following	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) or (D)		Price	Transact	Transaction(s) (Instr. 3 and 4)			(111511.4)		
	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)	Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)				6. Date Exercisa 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 derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	or Nu of	ımber						
Winnebago Stock Units ⁽¹⁾	(1)	08/30/2013			A		165 ⁽²⁾		(1)		(1)	Common Stock	16	55 ⁽²⁾	\$22.27	1,688 ⁽³	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/ Scott C. Folkers, Secretary, Winnebago Industries, Inc., under Power of Attorney

09/03/2013

** 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.