FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OWR APPRO	VAL					
	OMB Number:	3235-0287					
l	Estimated average burd	en					
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).

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

							JC 011	011 00(11)	01 1110 11	iii Comici	001	inparty Act	0. 10	,0								
1. Name and Address of Reporting Person*							2. Issuer Name and Ticker or Trading Symbol WINNEBAGO INDUSTRIES INC [ WGO ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
GOSSETT ROBERT L							THE TRUE DESCRIPTION OF THE CONTROL								1		Direc	tor	10	)% Ov	wner	
-						-									_			er (give title			specify	
(Last) (First) (Middle) 3. Date of Earliest Transaction (Montl										1onth/	Day/Year)					v) below)						
WINNEBAGO INDUSTRIES, INC.						10/	10/10/2013									VP-Administration						
· · · · · · · · · · · · · · · · · · ·																						
P.O. BOX 152						4 11	A 16 Assessment Data of Original Filed (Adouth ID 1977)															
					-   <sup>4. If</sup>	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)															X Form filed by One Reporting Person							
FOREST	FOREST CITY IA 50436													Form filed by More than One Reporting								
-					-											Pers		e man One	керо	rung		
(City)		(Sta	te) (2	Zip)																		
			Tabl	e I - Noi	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, o	r Ben	efici	ally O	wne	ed				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction   D		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				4 and Secu Bend Own		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
			Code	v	Amount		(A) or (D)			Price	.  т	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)						
Common Stock, \$.50 par value 10/10/2							2013 <sup>(1)</sup>					1,529	(1) D \$2		\$26	6.66 3		1,390	D			
			Та									osed of, onvertib				y Owi	ned					
1. Title of Derivative Security (Instr. 3)	2. Convers or Exerc Price of Derivativ Security	ion ise /e	3. Transaction Date (Month/Day/Year)	3A. Deemond Execution if any (Month/Da	Date,		Transaction Code (Instr.		of		6. Date Exercisa Expiration Date (Month/Day/Yea		7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)			8. Pric Deriva Securi (Instr.	ivative urity	9. Number or derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	hip D) ect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	v	(A)		Date Exercisa		Expiration Date	Title	or Nu of	ount mber ares							

## **Explanation of Responses:**

1. Upon the annual incremental vesting of a restricted stock award granted 10/10/2012 under the Winnebago Industries, Inc. 2004 Incentive Compensation Plan, which is a Section 16(b) plan, the reporting person exercised their option to have a portion of such vested shares, equal in value to the tax amount calculated based upon the value of such shares on the vesting date, to be withheld by the Company in order to meet reporting person's tax obligation incurred upon the vesting of such restricted stock award.

/s/ Scott C. Folkers, Secretary, Winnebago Industries, Inc. 10/14/2013 under Power of 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.