FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APPROVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0104 | | | | | |
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(b) of the Investment Company Act of 1940

| | | | 01 00011 | 011 00(11) 01 | tile iiiv | estinent Company Act of 19 | | | | | |
|--|--|-------|--|-------------------|--|--|---|---|--|---|--|
| 1. Name and Add | . Date of Event lequiring Staten Month/Day/Year 9/26/2016 | nent | 3. Issuer Name and Ticker or Trading Symbol WINNEBAGO INDUSTRIES INC [WGO] | | | | | | | | |
| (Last) (First) (Middle) WINNEBAGO INDUSTRIES, INC. | | | | | Relationship of Reporting Pers (Check all applicable) Director | | 10% Owne | er (N | 5. If Amendment, Date of Original Filed (Month/Day/Year) | | |
| P.O. BOX 152 (Street) FOREST CITY | IA | 50436 | | | X | Officer (give title below) VP - Operatio | Other (spe below) ns | ´ 6. | plicable Line) X Form filed b | t/Group Filing (Check y One Reporting Person y More than One erson | |
| (City) | (State) | (Zip) | | | | | | | | | |
| | | Т | able I - Non | -Derivat | ive S | ecurities Beneficiall | y Owned | | | | |
| 1. Title of Secur | ity (Instr. 4) | | | | | ially Owned (Instr. 4) | 3. Ownersh Form: Direct or Indirect (Instr. 5) | ct (D) (Ins | ature of Indirect tr. 5) | Beneficial Ownership | |
| Common Stoc | k, \$.50 par valu | ıe | | | | 0 | D | | | | |
| | | (e.g | | | | urities Beneficially (options, convertible | | s) | | | |
| 1. Title of Derivative Security (Instr. 4) | | | 2. Date Exercisable and Expiration Date (Month/Day/Year) | | 3. Title and Amount of Secur Underlying Derivative Securi | | | 4. Conversio or Exercis Price of | Form: | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | |
| | | | Date Exercisable | Expiratio Date | n Title | 9 | Amount or Number of Shares | Derivative Security | Direct (D) or Indirect (I) (Instr. 5) | | |

Explanation of Responses:

/s/ Scott C. Folkers

09/27/2016

** 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 5 (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.

LIMITED POWER OF ATTORNEY

BE IT KNOWN, that Christopher D. West has made and appointed, and by these presents does make and appoint, Scott C. Folkers, acting individually, in his capacity as compliance officer for Winnebago Industries, Inc., true and lawful attorney for him and in his name, place and stead, for the following specific and limited purposes only:

To sign any and all documents required by the Securities and Exchange Commission to ensure compliance with the rules and regulations thereof by me in connection with any transactions I may complete involving the stock of Winnebago Industries, Inc.

giving and granting said attorney full power and authority to do and perform all and every act and thing whatsoever necessary to be done in and about the specific and limited premises set out herein as fully, to all intents and purposes, as might or could be done if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue hereof.

IN WITNESS WHEREOF, I have hereunto set my hand this 26^{th} day of September, 2016.

| | Christopher D. West | |
|---------------------|---------------------|--|
| | | |
| | | |
| STATE OF IOWA) | | |
|)ss: | | |
| COUNTY OF HANCOCK) | | |

The foregoing instrument was acknowledged by me this 26^{th} day of September, 2016, by Christopher D. West who is personally known by me and who did not take an oath.



/s/ Stacie M. Mattern

Notary Public in and for the State of Iowa My Commission Expires: 01-12-2018