FORM 4

obligations may continue. See

Instruction 1(b)

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT C	F CHANGES IN	BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Woodson Bret A						2. Issuer Name and Ticker or Trading Symbol WINNEBAGO INDUSTRIES INC [WGO]										Check all a		ng Person	p Person(s) to Issuer 10% Owner Other (specify	
(Last) WINNER P.O. BOX		(Firs	st) (JSTRIES, INC.	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 10/11/2017										X below) below; VP-Administration				
(Street) FOREST (City)	CITY	IA (Sta		50436 Zip)		_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								ine) X Fo Fo	•				
			Tabl	e I - Noi	n-Deriv	/ative	Se	curitie	es Acc	quired,	Dis	posed o	f, or	Bene	eficia	ally Ow	ned			
[2. Transaction Date (Month/Day/Year)		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ties Acquired (A) d Of (D) (Instr. 3, 4			nd Seci Ben Owr	mount of urities eficially led Following orted	6. Owner Form: Di (D) or Ind (I) (Instr.	rect direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) or (D)		Price	Tran	saction(s) r. 3 and 4)			(IIISU. 4)		
Common Stock, \$.50 par value				10/1	1/2017				D		691(1) D		\$4	43 19,663 ⁽²⁾		D			
Common Stock, \$.50 par value				10/13	10/13/2017				D		2,590	(3)	D	\$43	3.5 17,073 ⁽²⁾		D			
			Та									osed of, onvertib				y Owne	d			
1. Title of Derivative Security (Instr. 3) 2. Conversor or Exery Price of Derivating Security		on se	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		n of		Expiration	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price o Derivative Security (Instr. 5)		Own Forn Direc or In (I) (Ir	ership n: et (D) direct estr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
						Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amo or Num of Sha	ber					

Explanation of Responses:

- 1. Upon the annual incremental vesting of a restricted stock award granted 10/11/16 under the Winnebago Industries, Inc. 2014 Omnibus Equity, Performance Awards, and 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.
- 2. Represents total amount of Winnebago Stock Units held by reporting person in Winnebago Industries, Inc. as of reporting date.
- 3. Upon the annual incremental vesting of a restricted stock award granted 10/13/15 under the Winnebago Industries, Inc. 2014 Omnibus Equity, Performance Awards, and 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.

10/16/2017

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.