FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average I	hurden								

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

## Filed pu

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287
OTHER DESIGNATION OF THE OTHER O	Estimated average burd	len
Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934	hours per response:	0.5
or Section 30(h) of the Investment Company Act of 1940		

1. Name and Address of Reporting Person* <u>Fisher William C.</u>			2. Issuer Name <b>and</b> Ticker or Trading Symbol WINNEBAGO INDUSTRIES INC [ WGO ]								ck all applic	cable)	g Pers	son(s) to Iss	wner				
(Last) (First) (Middle) WINNEBAGO INDUSTRIES, INC.						3. Date of Earliest Transaction (Month/Day/Year) 11/30/2016								Officer below)	(give title		Other (s	specify	
P.O. BOX 152				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) FOREST	CITY IA		50436									X	X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate) (	Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution Date,		Transaction Disposed C Code (Instr. 5)		ties Acquired (A) o I Of (D) (Instr. 3, 4 a				es For ally (D) Following (I)		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
					Code	v	Amount	(A) or (D) Price		ice	Transact	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 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  2. Conversion Date (Month/Day/Year)  3A. Deemed Execution Date, if any (Month/Day/Year)			Date,	Transaction of Code (Instr. 8) Se Ad (A Di of (Ir Instr. Se A C Di of (Ir Inst		of E		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 derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)		Date Exercisab		Expiration Date	Title	Amo or Num of Shai	ber					
Winnebago Stock Units <sup>(1)</sup>	(1)	11/30/2016			A		142 <sup>(2)</sup>		(1)		(1)	Common Stock	142	2(2)	\$32.45	3,731 <sup>(3</sup>	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. 12/01/2016 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.