## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	.C. 20549

washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-		

OMB Number:	3235-0287
Estimated average bu	rden
hours per respense:	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

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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)									
MOSS RICHARD D							With the bridge in the contribution in the con							1	X	Direc	ctor		10% O	wner		
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year)									Office	icer (give title ow)		Other ( below)	(specify		
WINNEBAGO INDUSTRIES, INC.						10/18/2017																
605 W CRYSTAL LAKE ROAD																						
003 W C	KISIAI	LA	KE KOAD			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)																Line)  X Form filed by One Reporting Person						
FOREST	CITY	ΙA	5	0436												Λ		,	•	Ü		
																	Pers	n filed by Moi on	re man	i One Rep	orung	
(City)		(Stat	e) (2	Zip)																		
			Tabl	e I - Nor	า-Deriv	ative	Se	curitie	s Acq	uired,	Dis	posed o	f, oı	r Bene	eficia	ally	Owne	ed				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Ex Day/Year) if a		P.A. Deemed Execution Date, f any Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3,		(A) or 3, 4 aı	nd	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
										Code V A		Amount		(A) or (D)	Price	Transac		ction(s)			(111501.4)	
Common	Stock, \$	.50 p	ar value		10/18	/2017				A		2,140(	(1) A \$		\$44	4.4 5,140 <sup>(2)</sup>		,140 <sup>(2)</sup>		D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
1. Title of 2. 3. Transaction 3A. Deemed 4. Derivative Conversion Date Execution Date, Tropic Security or Exercise (Month/Day/Year) if any Conversion Conv					ansaction of ode (Instr. Derivative		ative rities ired osed	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3	Deriv Secu	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	ownership orm: pirect (D) r Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
						Code	v	(A)		Date Exercisa		Expiration Date	Title	or Nun of	ount nber							

## **Explanation of Responses:**

- 1. Granted under the Winnebago Industries, Inc. 2014 Omnibus Equity, Performance Awards, and Incentive Compensation Plan. Restricted awards are vested upon termination of services as a director.
- 2. Represents total amount of Winnebago Stock Units held by reporting person in Winnebago Industries, Inc. as of reporting date.

/s/ Scott C. Folkers, Secretary,

Winnebago Industries, Inc.

11/20/2017

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.