FORM 4

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

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

vvaoriington,	D.O. 200 10							

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(x). See Instruction 1

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* Fisher William C.					2. Issuer Name and Ticker or Trading Symbol WINNEBAGO INDUSTRIES INC   WGO									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
risher william C.				lı -	1								✓ Direc	✓ Director		10% Owner				
(Last)	(Fir	rst) (N	Middle)		,										Office below	er (give title v)		Other (s below)	specify	
WINNEBAGO INDUSTRIES, INC.					3. Da	Date of Earliest Transaction (Month/Day/Year)								7						
<b>'</b>				10/15/2024																
13200 PIONEER TRAIL																				
(Ctroot)					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street) EDEN														Lir		filed by On	o Don	orting Perso		
PRAIRI	<sub>a</sub> Mi	N 5	5347													,		Ü		
	د														Form filed by More than One Reporting Person					
(City)	(St	ate) (Ž	Zip)																	
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired.	Dis	posed of	, or	Ben	efici	ally Own	ed				
1 Title of	Socurity (Inc			2. Transac		_	Deeme		3.		4. Securitie	-					6.0	wnership	7. Nature	
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				y/Year) Execution Date, if any		Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)				nd Securit Benefic	ies Form		n: Direct or Indirect	of Indirect Beneficial						
ľ				(Mor		onth/Day/Year)		8)					Owned Report				Ownership (Instr. 4)			
							Code	v	Amount	(A) or (D) Pri		Price	Transaction(s) (Instr. 3 and 4)				(			
Common Stock, \$.50 par value 10/15/2					2024		Α		2,548(1)		A	\$0	3(	30,267		D				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
		Iai									onvertib					u				
1. Title of	2.	3. Transaction	Date Execution Date, (Month/Day/Year)				nstr. Derivative		6. Date Exercisable and Expiration Date Amount of Month/Day/Year)  7. Title and Amount of Securities					8. Price of			10.	11. Nature		
Derivative Security	Conversion or Exercise														Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial	
(Instr. 3) Price of Derivative (Month.			(Month/l	Day/Year)	8)		Securities Acquired		Underly Derivat				'	(Instr. 5)	Beneficiall Owned	у	Direct (D) or Indirect	Ownership (Instr. 4)		
	Security					(A) or					Security (Ins			nstr.		Following	g (I) (Instr. 4		(	
					Disposed 3 and 4) of (D)						Reported Transaction(s)									
					(Instr. 3, 4 and 5)								(Instr. 4)							
										Amount										
												or								
									Date E		Expiration									
					Code	V	(A) (D)				Date	Title	tle Shares							

## **Explanation of Responses:**

1. Granted under the Winnebago Industries, Inc. 2019 Omnibus Incentive Plan. The restricted stock units vest one year from the date of grant.

/s/ Stacy L. Bogart, Attorneyin-Fact

\*\* Signature of Reporting Person

10/17/2024

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.