FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVA				
ES IN DENEEICIAL OWNEDSHID	OMB Number:	323			

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

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

1. Name and Address of Reporting Person* <u>ENGLAND JOSEPH W</u>					2. Issuer Name and Ticker or Trading Symbol WINNEBAGO INDUSTRIES INC [WGO]									ck all applic	cable) or	g Pers	son(s) to Iss 10% Ov		
(Last) WINNEE	(Fi BAGO IND	rst) (USTRIES, INC.	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 04/29/2011 Officer (give title below) below) Other (specify below)										specify			
P.O. BOX 152							4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) FOREST	CITY IA		50436									1	X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St	ate) (Zip)																
		Tab	le I - Non	-Deriv	ative	Sec	curities	s Ac	quired, I	Dis	posed o	f, or Be	nefi	cially	y Owned				
1. Title of Security (Instr. 3) 2. Trans Date (Month/I					Execution Date,			Code (II	Transaction Disposed Of (D) (Instr. 3, 4				4 and Securitie Benefici		es Fo ally (D Following (I)		Ownership orm: Direct O) or Indirect () (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Code V Amount (A) or (D)					Pr	ice	Transaction(s) (Instr. 3 and 4)				(111501.4)							
	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 Date (Month/Day/Year) (Month/Day Security Security Security (Month/Day Security (Month/Day Security (Month/Day Security Security (Month/Day Security Security Security (Month/Day Security S				Date, Transactio Code (Inst			n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price Derivativ Security (Instr. 5)			e (10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amo or Num of Sha	ber					
Winnebago Stock Units ⁽¹⁾	(1)	04/29/2011			A		209 ⁽²⁾		(1)		(1)	Common Stock	209) (2)	\$12.435	26,120 ⁽	(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 12/15/2019
- $2. \ Represents \ amount \ of \ Winnebago \ Stock \ Units \ acquired \ by \ reporting \ person \ on \ the \ transaction \ date.$
- 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/ Raymond M. Beebe, Secretary, Winnebago Industries, Inc. under Power of

05/02/2011

Attorney

** Signature of Reporting Person Date

Signature of Neporting Person

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.