FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Land Mary 2004	OMB APPROVA				
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	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*					2. Issuer Name and Ticker or Trading Symbol WINNEBAGO INDUSTRIES INC [WGO]								(Che	elationship eck all appli Directo	cable)	g Pers	son(s) to Iss 10% Ov			
(Last) WINNEE	`	rst) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 09/29/2006 Officer (give title below)									Other (s below)	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						
(Street) FOREST	CITY IA		50436												Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Si	tate) (Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution			Code (Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5)			5. Amou Securitie Beneficia Owned F Reported	s ally following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
								Code	v	Amount	(A) or (D) Pric		Price	Transact (Instr. 3	ion(s)			(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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		n of		6. Date Exercisable Expiration Date (Month/Day/Year)		е	nd 7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly D	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or Nu of	nount mber ares						
Winnebago Stock Units ⁽¹⁾	(1)	09/29/2006			A		115 ⁽²⁾		(1)		(1)	Common Stock	11	L5 ⁽²⁾	\$31.81	3,377 ⁽³	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/ Raymond M. Beebe, Secretary, Winnebago Industries, Inc. under Power of

10/03/2006

<u>Attorney</u>

** 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.