FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APP	OMB APPROVAL								
DCUID	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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or	Section	111 3U(N) (	או ותe	investment	Con	npany Act	01 1940								
1. Name and Address of Reporting Person*  KITCH GERALD C				2. Issuer Name <b>and</b> Ticker or Trading Symbol WINNEBAGO INDUSTRIES INC [ WGO ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)							
KIICII	GENAI	<u>.DC</u>												·   :	X Direct	or		10% O	vner	
(Last) WINNE	`	First)  OUSTRIES, INC.	(Middle)			3. Date of Earliest Transaction 01/30/2009					Day/Year)				Office below	(give title		Other (s below)	specify	
P.O. BOX 152					4. If	If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)	CITY	Δ.	E0.42C											Line	X Form	,		orting Perso		
FUREST	CITY L	A	50436										Form filed by More than One Reporting Person							
(City)	(5	State)	(Zip)																	
		Tab	le I - No	n-Deriv	ative	Sec	urities	s Ac	quired, I	Disp	osed o	f, or E	ene	eficiall	y Owne	k				
1. Title of Security (Instr. 3)  2. Transi Date (Month/I				ar) E	2A. Deemed Execution Date, if any (Month/Day/Year		Transaction Dis		Disposed	rities Acquired (A) ed Of (D) (Instr. 3,				es Formally (D) (Following (I) (I		m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	t (A) or (D)		Price	Reporte Transac (Instr. 3	ction(s)			(Instr. 4)	
		٦	Table II -						uired, Di , option:					•	Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	e (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	i i illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Cod	Code	e V	(A)	(D)	Date Exercisabl		Expiration Date	Title	O N O	lumber						
Winnebago Stock	(1)	01/30/2009		ĺ	A		536 <sup>(2)</sup>		(1)		(1)	Commo		536 <sup>(2)</sup>	\$5.635	31,211	(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

02/02/2009

<u>Attorney</u>

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.