Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See*

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

			01.000			party / lot 01 1040						
1. Name and Address of Reporting Person*				er Name and Ticke INEBAGO IN	0	/mbol <u>ES INC</u> [WGO]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
MILES DAV						[]	X	Director	10% 0	Dwner		
(Last) WINNEBAGO I P.O. BOX 152	(First) NDUSTRIES, IN	(Middle)	3. Date 08/27	e of Earliest Transac /2021	ction (Month/E	ay/Year)		Officer (give title below)	Other below	(specify)		
P.O. BOX 152			4. If Ar	nendment, Date of	Original Filed	(Month/Day/Year)	6. Indiv Line)	ridual or Joint/Grou	Filing (Check A	pplicable		
(Street)							X	Form filed by On	e Reporting Pers	on		
FOREST CITY	IA	50436						Form filed by Mo Person	re than One Rep	orting		
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
1. Title of Security (Instr. 3) 2. Transa				2A. Deemed	3.	4. Securities Acquired (A)	or	5. Amount of	6. Ownership	7. Nature		

Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

			(e.y.,	puts,	cans	, wan	ants	s, options,	converti	Die Secu	nuesj				
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. Transa Code (8)		5. Num of Derivat Securit Acquir (A) or Dispos of (D) (Instr. 3 and 5)	tive ties ed	Expiration Date (Month/Day/Year)		ration Date Amount of		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Winnebago Stock Units ⁽¹⁾	(1)	08/27/2021		A		206 ⁽²⁾		(2)	(2)	Common Stock	206 ⁽²⁾	\$73.11	2,858 ⁽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 Industries 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.

2. Represents amount of Winnebago Stock Units 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.

<u>/s/ Stacy Bogart, Senior Vice</u>	
President, General Counsel,	00/21/2021
Secretary and Corporate	<u>08/31/2021</u>
<u>Responsibility</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.