FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

wasnington,	D.C.	2054

2. Issuer Name and Ticker or Trading Symbol

1
OMB N
Estima

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

1. Name and Address of Reporting Person*

KITCH GERALD C

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

WINNEBAGO INDUSTRIES INC [wgo]

.KSHIF	Estimated average burden hours per response: 0.5										
5. Relationship of Reporting Person(s) to Issuer (Check all applicable)											
X Director	10% Owne	r									
Officer (giv below)	e title Other (spec below)	cify									
6. Individual or Joint/Group Filing (Check Applicable Line)											
X Form filed	X Form filed by One Reporting Person										

OMB APPROVAL

(Last) WINNER		3. Date of Earliest Transaction (Month/Day/Year) 01/31/2011									below)	(0	below)							
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				- 1	Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person															
(City)	(S	tate)	(Zip)																	
		Tab	le I - Nor	ı-Deriv	ative	Sec	curities	s Ac	quired,	Dis	posed o	f, or	Bene	eficiall	y Owned					
Date		2. Transa Date (Month/I	Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			5. Amour Securitie Beneficia Owned F	s ally ollowing	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) or (D)		Price	Transact	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
		7	able II -								osed of, onverti				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		of E		6. Date Exercisa Expiration Date (Month/Day/Yea		•	7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ve es ially ng d tion(s)	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	N C	Amount or Jumber of Shares						
Winnebago Stock	(1)	01/31/2011			A		166 ⁽²⁾		(1)		(1)	Com		166 ⁽²⁾	\$15.02	39,783 ⁽	3)	D		

Explanation of Responses:

Stock

Units⁽¹⁾

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

02/01/2011

<u>Attorney</u>

Stock

** 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.