FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, [| D.C. | 20549 |
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|---------------|------|-------|

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|-----------|
| | | | |

OMB APPROVAL OMB Number: 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 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Kubacki Jeff David | | | | 2. Issuer Name and Ticker or Trading Symbol WINNEBAGO INDUSTRIES INC [WGO] | | | | | | | | | | all app | licable) | | | Issuer Owner er (specify | | |
|--|--|---------|--------------|--|----------------|--|------------------------------------|---|--------|---|---------|----------------------|----------------------|---------|-----------|------------------------------------|---|--|---|----------|
| (Last) (First) (Middle) WINNEBAGO INDUSTRIES, INC. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/18/2019 | | | | | | | | | Λ | VP · | , | ormat | below) anation Officer | | | |
| P.O. BOX 15. (Street) FOREST CIT | | 5 | 60436 | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | . Indiv ine) X | , | | | | | | |
| (City) | (Sta | ate) (2 | Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | -Deriva | ative | Se | curitie | s Acc | uired, | Dis | posed o | f, o | r Ben | efici | ally (| Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | Execution Date | | n Date, | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | 4 and S | | Securities Beneficially | | nership : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | : | Transaction(s) (Instr. 3 and 4) | | | | (msu. 4) |
| Common Stock, \$.50 par value 10/18 | | | | 10/18 | 18/2019 | | | | F | | 164(1 | 164 ⁽¹⁾ D | | \$4: | 1.3 8,977 | | 3,977 | | D | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| Security or E (Instr. 3) Pric | ivative curity Conversion or Exercise Price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) | | Code (8) | Transaction of Derivative (A) of Disp of [D] (Inst and | | ative rities ired osed | 6. Date E Expiratio (Month/D | n Date | е | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | ount nber | nt er | | | | 0. wnership orm: irect (D) r Indirect) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. Upon the annual incremental vesting of a restricted stock award granted 10/18/17 under the Winnebago Industries, Inc. 2014 Omnibus Equity, Performance Awards, and Incentive Compensation Plan, which is a Section 16(b) plan, the reporting person exercised their option to have a portion of such vested shares, equal in value to the tax amount calculated based upon the value of such shares on the vesting date, to be withheld by the Company in order to meet the reporting person's tax obligation incurred upon the vesting of such restricted stock award.

> /s/ Stacy Bogart, Vice President, General Counsel &

10/22/2019 Secretary, Winnebago

Industries, Inc. under Power of

Attorney

** 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.