| SEC For | rm 4 FORM | 4 U | | | TES S | SEC | URITIE | S AN | DE | XCHAN | NGE C | OMI | MISSIG | N | | | | |
|---|--------------|--|----------|---|---|--|---|--------|--|----------|---|--------------|--|--|--|---|-----------------|--|
| | | Washington, D.C. 20549 | | | | | | | | | | OMB APPROVAL | | | | | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | | | | STATEMENT OF CHANGES IN BENEFICIAL OWI Filed pursuant to Section 16(a) of the Securities Exchange Act of 193 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | RSHIP | Es | OMB Number: 3235-02 Estimated average burden hours per response: | | | | |
| 1. Name and Address of Reporting Person* BOGART STACY L (first) (Middle) | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>WINNEBAGO INDUSTRIES INC</u> [WGO] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specific below) below) | | | | wner specify | |
| (Last) (First) (Middle) WINNEBAGO INDUSTRIES, INC. 13200 PIONEER TRAIL | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/13/2022 | | | | | | | | S | /P-GENE | RAL | COUNSE | L | |
| (Street) EDEN MN 553 PRAIRIE | | | 55347 | 347 | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | |
| | | Table | l - No | n-Deriva | tive S | Secur | rities Acq | uired, | Dis | posed of | , or Be | nefici | ally Ow | ned | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Date) | | | | /Year) if any | | ution Date, | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | | For (D) | Ownership m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Tran | Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common Stock, \$.50 par value 10/13/2 | | | | | 2022 | | | F | | 480(1) | D | \$56. | .96 | 41,206 | | D | | |
| | | Та | ble II - | | | | ies Acqu varrants, | | | | | | | ed | | | | |
| Security or Exercise (Month/Day/Year) if any | | med 4. Transac Code (li /Day/Year) 8) | | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | 8. Price c Derivativ Security (Instr. 5) | | ve es ally ng d tion(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirec Beneficial Ownershi (Instr. 4) | | | |

Explanation of Responses:

1. Upon the annual incremental vesting of a restricted stock unit award granted 10/13/20 under the Winnebago Industries, Inc. 2019 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 unit award.

Date Exercisable Expiration Date

and 5)

(A) (D)

| /s/ Stacy L. Bogart, SVP, | |
|---------------------------|--|
| General Counsel and | |
| <u>Secretary</u> | |

Amount or Number

Shares

of

Title

** Signature of Reporting Person Date

10/14/2022

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).

Code V

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.