FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* ERICKSON LAWRENCE A | | | | | | 2. Issuer Name and Ticker or Trading Symbol WINNEBAGO INDUSTRIES INC [WGO] | | | | | | | | | cable) or | g Pers | son(s) to Iss 10% Ov | vner | | |
|--|---|--|--|------|---|--|-----|--------------------------------------|--|------------------|-------------------------------|--|----|---|---|--------|---|---|--|--|
| | SAGO IND | irst) (| (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 09/28/2012 | | | | | | | | | Officer below) | (give title | | Other (s below) | specify | | |
| P.O. BOX 152 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) FOREST CITY IA 50436 | | | 50436 | _ | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | tate) (| (Zip) | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | | Transaction Disposed Code (Instr. 5) | | | ties Acquire I Of (D) (Ins | | | | es Form ally (D) of following (I) (Ir | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount | (A) or (D) Pr | | е | Transact (Instr. 3 a | action(s) | | | () | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 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/Yea | Code | Transaction Code (Instr. | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amou or Numb of Share | er | | | | | | | |
| Winnebago Stock Units ⁽¹⁾ | (1) | 09/28/2012 | | A | | 379 ⁽²⁾ | | (1) | | (1) | Common Stock | 3790 | 2) | \$12.65 | 28,836 ⁽ | (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/ Scott C. Folkers, Secretary, Winnebago Industries, Inc., under Power of Attorney

10/01/2012

** 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.