FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPROVAL             |           |  |  |  |  |  |  |  |  |  |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| l | OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |  |  |
| l | Estimated average burden |           |  |  |  |  |  |  |  |  |  |
| l | 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*  Piple or AVIII are C.  The provided the second se |  |          |           |                                |       | 2. Issuer Name <b>and</b> Ticker or Trading Symbol WINNEBAGO INDUSTRIES INC [ WGO ] |   |  |         |        |   |  |              |        | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |   |   |  |   |  |
|---|--|----------|-----------|--------------------------------|-------|---|---|--|---------|--------|---|--|--------------|--------|---|---|---|--|---|--|
| <u>Fisher William C.</u>  |  |          |           |                                |       | THE TRUE TO THE COLLEGE THE [ WOO ]   |   |  |         |        |   |  |              |        | X   | Direc   | ctor  | 10%  | Owner   |  |
| (Last) (First) (Middle) WINNEBAGO INDUSTRIES, INC.  |  |          |           |                                |       |   | 3. Date of Earliest Transaction (Month/Day/Year) 10/11/2016 |  |         |        |   |  |              |        |   | Office  | er (give title<br>v)  | Other<br>below   | (specify<br>/)  |  |
| P.O. BOX 152  |  |          |           |                                |       | 4. If Amendment, Date of Original Filed (Month/Day/Year)                            |   |  |         |        |   |  |              |        | Individual or Joint/Group Filing (Check Applicable Line)                |   |   |  |   |  |
| (Street)  |  |          |           |                                |       |   |   |  |         |        |   |  |              |        | X Form filed by One Reporting Person                                    |   |   |  |   |  |
| FOREST CITY IA 50436  |  |          |           |                                |       |   |   |  |         |        |   |  |              |        |   | Form filed by More than One Reporting Person  |   |  |   |  |
| (City)  | (  | State) ( | Zip)      |                                |       |   |   |  |         |        |   |  |              |        |   |   |   |  |   |  |
|   |  | Tabl     | e I - Nor | n-Deriva                       | ative | Se  | curitie   | s Acc  | quired, | Dis    | posed o   | f, or                                      | Ben          | eficia | ally (  | Owne  | ed  |  |   |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)   |  |          |           |                                |       | Exect<br>ay/Year) if any  |   | A. Deemed<br>xecution Date,<br>any<br>Month/Day/Year)                                      |         |        |   | ties Acquired (A)<br>d Of (D) (Instr. 3, 4 |              |        | 4 and Se<br>Be<br>Ov  |   | ount of<br>ities<br>icially<br>d Following<br>ted                 | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|   |  |          |           |                                |       |   |   | Code   | v       | Amount | (A<br>(1  | A) or<br>D)                                | Price        |        | Transaction(s)<br>(Instr. 3 and 4)                                      |   |   | (1113111 4)  |   |  |
| Common Stock, \$.50 par value 10/11/2   |  |          |           |                                |       |   |   |  |         |        | 2,600(1   | (1) A \$                                   |              | \$0.0  | 8,600   |   | 3,600   | D  |   |  |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |          |           |                                |       |   |   |  |         |        |   |  |              |        |   |   |   |  |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)   | tive Conversion Date Execution ity or Exercise (Month/Day/Year) if any   |          | Date,     | Pate, Transaction Code (Instr. |       | n of<br>Deriv   | r<br>osed<br>)<br>r. 3, 4                                   | 6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date |         |        | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4)  Amoun<br>or<br>Numbe<br>of |  | ount<br>mber | -      |   | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |  |

## **Explanation of Responses:**

1. Granted under the Winnebago Industries, Inc. 2014 Omnibus Equity, Performance Awards, and Incentive Compensation Plan. Restricted awards are vested upon termination of services as a director.

/s/ Scott C. Folkers, Secretary,

<u>Winnebago Industries, Inc.</u> <u>10/13/2016</u> <u>under Power of Attorney</u>

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.