FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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| 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 3235-0287 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* West Christopher David | | | | | 2. Issuer Name and Ticker or Trading Symbol WINNEBAGO INDUSTRIES INC WGO | | | | | | | | | | k all app | | | rson(s) to Is 10% O Other (s | wner | |
|--|--|-------|---------------|--|---|---|------------------------------|--------------------|-------|--|----------|--------------------------------|--|--|---|--|--|------------------------------------|------------|--|
| (Last) (First) (Middle) WINNEBAGO INDUSTRIES, INC. P.O. BOX 152 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/13/2021 | | | | | | | | | SVP-Operations | | | | | |
| (Street) | CITY IA | | 50436 Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Application) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | | | on | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acq | uired | , Dis | posed of | , or E | 3enef | iciall | y Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Date | | | | | Exec if any | eemed ution Date, th/Day/Year) | | | | es Acquired (A) Of (D) (Instr. 3, | | 4 and Securi Benef Owner | | ies cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | | v | Amount | (A) or (D) | | ice | Transa | Reported Transaction(s) (Instr. 3 and 4) | | | (111511.4) | |
| Common Stock, \$.50 par value 10/13/2 | | | | 10/13/2 | 2021 | | | | F | | 278(1) | Г | \$ | 75.75 | .75 23,419 | | | D | | |
| | 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) | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | Code (8) | Transaction Code (Instr. 8) Se Ac (A) Dis | | osed) r. 3, 4 | 6. Date Expirat (Month | tion Da n/Day/Y | | Amount of Securities Underlying Derivative Security (Ins 3 and 4) Expiration Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | De Se (In | Price of rrivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (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 Incentive 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.

/s/ Stacy Bogart, Senior Vice President, General Counsel, Secretary and Corporate Responsibility

10/15/2021

** Signature of Reporting Person

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.