FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
- 1	hours por rosponso:	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

1. Name and Address of Reporting Person* RODAMAKER MARTHA T					2. Issuer Name and Ticker or Trading Symbol WINNEBAGO INDUSTRIES INC [WGO]] (Che	elationship o ck all applic Director	able)	porting Person(s) to Issuer 10% Owner	
(Last) (First) (Middle) WINNEBAGO INDUSTRIES, INC.					3. Date of Earliest Transaction (Month/Day/Year) 12/30/2016						\dashv	Officer below)	(give title	Other (s below)	pecify
P.O. BOX 152					4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable				
(Street) FOREST CITY IA 50436			50436	01 	01/03/2017						Line	Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(Si	tate)	(Zip)												
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				•	(ear)	2A. Deemed Execution Date, if any (Month/Day/Year		Transaction Dispos		rities Acquired (A) o ed Of (D) (Instr. 3, 4 a		Beneficia Owned Fo	Formula (D) (I) (I) (II)	n: Direct I or Indirect I nstr. 4)	7. Nature of ndirect Beneficial Ownership
								Code V	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s)	(Instr. 4)
	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	e (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)		
Winnebago Stock Units	(1)	12/30/2016 ⁽²⁾		A		141 ⁽²⁾⁽³⁾		(1)	(1)	Common Stock	141(2)(3)	\$32.7 ⁽²⁾	8,894 ⁽⁴⁾	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 12/17/2016.
- 2. An incorrect date of 12/31/16 was used in the original filing. Correct date is 12/30/16 which changes the closing stock price to \$32.70.
- 3. Represents amount of Winnebago Stock Units acquired by reporting person on the transaction date.
- 4. 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.

01/06/2017

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.