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									

0.5

hours per response:

	Check this box if no longer subject to
١	Section 16. Form 4 or Form 5
J	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

							(, -				p = ,								
1. Name and Address of Reporting Person* <u>ENGLAND JOSEPH W</u>						2. Issuer Name and Ticker or Trading Symbol WINNEBAGO INDUSTRIES INC [WGO]								Relationship of Reporting Person(s) to Issuer (Check all applicable)					
													1	X	Directo	r		10% O	wner
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 12/31/2007									Officer below)	(give title		Other (below)	specify
WINNEBAGO INDUSTRIES, INC.																			
P.O. BOX 152						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)													[""	,	Form fi	led by One	- Rend	orting Perso	n I
` ,	CITY I	A :	50436													led by Mor		One Repo	
(City)	(5	State) (Zip)																	
		Tab	le I - Noi	n-Deriv	ative	Se	curities	s Ac	quired, D	isp	osed o	f, or Be	neficia	ly O	wned				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						ar) l	2A. Deemed Execution Date, if any (Month/Day/Year		Transaction Dispose Code (Instr. 5)		Disposed	ties Acquire I Of (D) (Ins		4 and Se Be Ov		6. Amount of Securities Beneficially Dwned Following		nership : Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
									Code	′	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a		tion(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		3A. Deem Execution if any (Month/Da	Date,	Code (I		5. Num of Derivat Securit Acquire (A) or Dispos of (D) (Instr. 3 and 5)	tive ties ed	6. Date Exercisabl Expiration Date (Month/Day/Year)		Amount of		f g Security	Deri Seci	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		cpiration	Title	Amount or Number of Shares						
Winnebago Stock Units ⁽¹⁾	(1)	12/31/2007			A		268 ⁽²⁾		(1)		(1)	Common Stock	268(2)	\$2	21.01	12,605	(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 12/20/06
- 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/ Raymond M. Beebe, Secretary, Winnebago Industries, Inc. under Power of

01/02/2008

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.