FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.	C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	323
OTATEMENT OF OTANGEO IN BEINE FORE OWNER.	Estimated average bur	rden

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per response:							

	e conditions of ee Instruction 1																	
1. Name and Address of Reporting Person*  West Christopher David				2. Issuer Name and Ticker or Trading Symbol WINNEBAGO INDUSTRIES INC WGO								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
													Direct		10% (			
(Last) (First) (Middle)											1	Officer (give title below)			Other (specify below)			
WINNEBAGO INDUSTRIES, INC.					3. Date of Earliest Transaction (Month/Day/Year)							$\neg$			SVP-OPE	RATIONS		
13200 PIONEER TRAIL				10/12/2024														
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
EDEN PRAIRI	E M	N 5	5347										Form filed by One Reporting Person  Form filed by More than One Reportin  Person					
(City)	(St	ate) (2	Zip)															
		Table	I - Nor	n-Deriva	tive S	Secui	rities Acq	uired,	Dis	posed of	, or Be	nefici	ally	Owne	ed			
Date			2. Transac Date (Month/Da		Exec if any	2A. Deemed Execution Date, f any (Month/Day/Year)		Transaction Disp Code (Instr. 5)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)					6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Tra		ction(s) and 4)		(Instr. 4)	
Common	Stock, \$.50	) par value		10/12/2	2024			F		261(1)	D	\$58.	8.14 25,412 D		D			
Common	Stock, \$.50	) par value		10/12/2	2024			F		31(1)	D	\$58.	58.14 25,381 D		D			
		Tal					ies Acqu varrants,							wned	I			
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year)		4. Transaction Code (Instr. 8) S. Number of Derivative Securities Acquired (A) or Disposed of (D)			Expiration Date (Month/Day/Year)			7. Title a Amount Securitie Underlyi Derivativ Security 3 and 4)	of es ng re	Deriv Secu	Price of rivative curity str. 5)  Beneficially Owned Following Reported Transaction		Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership t (Instr. 4)			

1. Upon the annual incremental vesting of a restricted stock unit award granted 10/12/2021 under the Winnebago Industries, Inc. 2019 Omnibus Equity, Performance Awards, and Incentive Compensation 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.

Exercisable

(Instr. 3, 4

and 5)

(A) (D)

> /s/ Stacy L. Bogart, Attorneyin-Fact

Amount or Number

Shares

Title

10/15/2024

(Instr. 4)

\*\* 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).

Code

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.