FORM 4

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

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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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(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 ]								5. Relationship of Reporting Person(s) to Issue (Check all applicable)  X Director 10% Own					
(Last) (First) (Middle) WINNEBAGO INDUSTRIES, INC.						Date o		Trans	saction (Mon	th/Day/Y	Year)		Officer below)	(give title		Other (s below)	specify		
P.O. BOX 152					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) FOREST	CITY	IA	50436												iled by Mor		orting Perso n One Repo		
(City)		(State)	(Zip)																
		Tab	le I - Noi	า-Deriv	ative	Se	curities	Ac	quired, D	ispos	ed o	f, or Be	neficial	ly Owned	i				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						ar)   E	2A. Deeme Execution if any (Month/Da	Date,	Code (Ins	Transaction Disposed Of (D) (Ins Code (Instr. 5)			Benefici Owned F	S Fe lly (E ollowing (I)	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code V	Am	ount	(A) or (D)	Price	Reported Transact (Instr. 3	tion(s)				
		٦							uired, Dis , options	•	,		,	Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	e (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transact Code (Ins				6. Date Exer Expiration D (Month/Day/	ate	Amount of		f g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Expira Date	ation	Title	Amount or Number of Shares						
Winnebago Stock Units	(1)	04/30/2018			A		165 <sup>(2)</sup>		(1)	(1)	)	Common Stock	165 <sup>(2)</sup>	\$37.9	11,201 <sup>0</sup>	(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 11/13/2017.
- $2. \ Represents \ amount \ of \ Winnebago \ Stock \ Units \ acquired \ by \ reporting \ person \ on \ the \ transaction \ date.$
- 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/ Scott C. Folkers, Senior Counsel for Winnebago Industries, Inc. under Power of

05/01/2018

<u>Attorney</u>

\*\* 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.