FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, B.C. 20045

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHI

IGES IN BENEFICIAL OWNERSHIP	OWID NUMBER.	3233-0207			
OLO III BEILLI IONIE OTTILLICOIIII	Estimated average burden				
16(a) of the Securities Eychange Act of 1934	hours per response:	0.5			

OMB APPROVAL

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 193 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]									eck all appli	cable) or	g Pers	son(s) to Iss 10% Ov	vner	
(Last) WINNEE	(Fi BAGO IND	rst) (USTRIES, INC.	Middle)												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 Line)				
(Street) FOREST	CITY IA		50436								- 1	X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St	ate) (Zip)															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date			. Transacti Date Month/Day	Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)				5. Amou Securitie Benefici Owned I Reporte	s For ally (D) ollowing (I) (Form (D) o	m: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Code V	An	nount	(A) or (D) Price		Transac (Instr. 3	ction(s)			,iiisti. 4)		
		Т	able II - De (e						uired, Dis , options,					Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	Cod	nsactio	on of Der Sec Acc (A) Dis of (6. Date Exercisable Expiration Date (Month/Day/Year)		and	7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e C s F llly C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Cod	de V	(A)			Date Exercisable	Expir Date		Title	Amount or Number of Shares					
Winnebago Stock Units ⁽¹⁾	(1)	07/27/2018		A		164	(2)		(1)	(1	1)	Common Stock	164(2)	\$38.3	11,692 ⁽	(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/ Stacy Bogart, Vice President, General Counsel &

Secretary, Winnebago 07/31/2018

Industries, Inc. under Power of

<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.