FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549	
------------------------	--

OMB API	PROVAL
OMB Number:	3235-0287
Estimated average	e burden

0.5

hours per response:

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

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

defens	ed to satisfy the e conditions of ee Instruction 1	Rule 10b5-													
1. Name and Address of Reporting Person* Happe Michael J				2. Issuer Name and Ticker or Trading Symbol WINNEBAGO INDUSTRIES INC WGO						(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify				
(Last)	(Fir	st) (N	Middle)								N.	belov	ı) ``	below)``
WINNEBAGO INDUSTRIES, INC. 13200 PIONEER TRAIL					3. Date of Earliest Transaction (Month/Day/Year) 10/11/2024						PRESIDENT & CEO				
(Street) EDEN PRAIRII	E MI	N 5	5347		4. If A	mendment, Date o	f Origina	al Filed	d (Month/Day	/Year)	6. Inc) / Form	filed by One	p Filing (Check e Reporting Per re than One Re	son
(City)	(Sta	ate) (Z	Zip)												
		Table	I - No	n-Deriva	tive S	Securities Acq	uired,	, Dis	posed of,	or Ber	eficial	ly Own	ed		
1. Title of S	Security (Inst		I - No	n-Deriva 2. Transact Date (Month/Day	tion	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (action	4. Securities Disposed O	Acquirec	I (A) or	5. Amo Securi Benefi Owned	ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
1. Title of S	Security (Inst		I - No	2. Transact	tion	2A. Deemed Execution Date, if any	3. Transa Code (action	4. Securities Disposed O	Acquirec	I (A) or	5. Amo Securi Benefi Owned Report Transa	ount of ties cially I Following	Form: Direct (D) or Indirect	of Indirect Beneficial
	Security (Inst	т. 3)	I - No	2. Transact	tion y/Year)	2A. Deemed Execution Date, if any	3. Transa Code (8)	action (Instr.	4. Securities Disposed O	Acquired f (D) (Instr	I (A) or . 3, 4 and	5. Amo Securi Benefi Owned Report Transa (Instr. 3	ount of ties cially I Following ed ction(s)	Form: Direct (D) or Indirect	of Indirect Beneficial Ownership
		par value	ble II -	2. Transact Date (Month/Day	tion y/Year)	2A. Deemed Execution Date, if any	3. Transa Code (8) Code	v	4. Securities Disposed Of 5) Amount 4,937(1) osed of, co	(A) or (D)	Price \$58.14	5. Amo Securi Benefi Owned Report Transa (Instr. :	ount of ties cially I Following ed ction(s) 3 and 4)	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership

Explanation of Responses:

1. Upon the annual incremental vesting of a restricted stock unit award granted 10/11/2022 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.

Date

Exercisable

(Instr. 3. 4

and 5)

(A) (D)

٧

/s/ Stacy L. Bogart, Attorneyin-Fact

Amount or Number

Title

Expiration

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).

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.