FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL				
	OMB Number:	3235-0287				
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l	hours per response:	0.5				

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

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

Name and Address of Reporting Person* Potts Randy J								2. Issuer Name and Ticker or Trading Symbol WINNEBAGO INDUSTRIES INC [WGO]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Pous R	<u>anuy J</u>					1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										Direc	tor	10	% Ov	vner			
							2. Data of Farlingt Transportion (Month/Day/Veer)									X	Officer (give title below)			Other (sp below)				
(Last) (First) (Middle)								3. Date of Earliest Transaction (Month/Day/Year) 10/10/2007									Vice	e President	t-Manufac	/Janufacturing				
WINNEBAGO INDUSTRIES, INC.							10/10/2007														5			
P.O. BOX 152																								
1.0. 2011 102								4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable						
(Ctroot)							II / anonamona, bate of original Filed (world)										Line)							
(Street)	CITY	т л	_	0.426													X Form filed by One Reporting Person							
FOREST	CITY	IA	5	0436												Form filed by More than One Reporting								
-						-											Person							
(City)		(Sta	te) (2	Zip)																				
			Table	e I - Nor	n-Deriv	vative	Se	curitie	s Arr	wired	Dis	posed o	of or	r Bend	eficia	ally C)wne	-d						
				- 1101							D .5	_							1					
1. Title of S	ecurity (I	nstr.	3)		2. Trans Date	action	ction 2A. Deemed Execution Date,				3. 4. Securities Acquired (Transaction Disposed Of (D) (Instr. 3							unt of	6. Ownersh Form: Direc		7. Nature of Indirect			
					(Month/	Day/Yea	ar) i	if any		Code (Code (Instr. 5)		u Oi (D) (IIISII. 3, 4			Bene		cially	(D) or Indirect	ect I	Beneficial			
`								(Month/Day/Year)) 8)	8)							Owned Following (I Reported			Ownership (Instr. 4)			
											v	Amount	(A) or		Price	Trans		ction(s)		- 1'	(111501. 4)			
										Code	Ľ	Amount	(D) PIIC		FIICE	(Instr.		3 and 4)						
Common Stock, \$.50 par value 10/10/										A		5,500	0 A \$		\$ <mark>0</mark> .	0.00 11		1,300	D					
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			Ia									onvertib				y Ovv	neu							
1. Title of	2.	Т	3. Transaction	3A. Deeme	ed e	4.		5. Nu	mher	6. Date E	vercio	sable and	7 Ti	itle and		8. Pric	re of	9. Number o	of 10.	1	11. Nature			
Derivative	Conversion	on	Date	Execution		Transaction		on of		Expiratio	Expiration Date Am			Amount of		Derivative		derivative	Owners	hip	of Indirect			
Security (Instr. 3)	or Exercise Price of	se		if any (Month/Day		Code (8)	Instr.	str. Derivative ((Month/D	Securities Underlying			Security (Instr. 5)		Securities Beneficially	Form: Direct (Beneficial Ownership					
(111311. 3)	Derivative	e		(MOIIIII)Da	ly, icai,	0,	"		Acquired							(111311. 3)		Owned			(Instr. 4)			
Security							(A) or Disposed			Securi and 4)			ecurity (Instr. 3				Following Reported	(I) (Inst	. 4)					
							of (D) (Instr. 3, 4						and 4)				Transaction	(s)						
									l			(Instr. 4)												
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						Cade	\ ,	₍₀₎		Date			of											
		- 1		l l	Code	V	(A)	(D)	Exercisal	nie	Date	Title	: Sna	res	I			- 1	- 1					

Explanation of Responses:

/s/ Raymond M. Beebe,

Secretary, Winnebago Industries, Inc. under Power of

10/11/2007

<u>Attorney</u>

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.

^{**} Signature of Reporting Person Date