Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20049

STATEMENT OF	CHANGES IN BE	NEFICIAL OW	NERSHIP

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: 3235-028							
Estimated average burden							
hours per response:	0.5						

1. Name and Address of Reporting Person* <u>CHIUSANO ROBERT M</u>				2. Issuer Name and Ticker or Trading Symbol WINNEBAGO INDUSTRIES INC [WGO]								(Che	elationship eck all applic	cable) or	g Pers	10% O	wner		
(Last) (First) (Middle) WINNEBAGO INDUSTRIES, INC.				3. Date of Earliest Transaction (Month/Day/Year) 05/31/2013									Officer below)	(give title		Other (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										2				•		
(City)	(Si	tate) (Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5)			4 and Securitie Benefici		es For ally (D) Following (I) (I		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership					
							Code	v	Amount	(A) or (D) Price		rice	Transact	Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any		4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		urity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	i C F Ily C (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	or Nu of	ount mber ares					
Winnebago Stock Units ⁽¹⁾	(1)	05/31/2013			A		174 ⁽²⁾		(1)		(1)	Common Stock	17	'4 ⁽²⁾	\$20.955	21,088 ⁽	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 12/18/2012
- $2. \ Represents \ amount \ of \ Winnebago \ Stock \ Units \ acquired \ by \ reporting \ person \ on \ the \ transaction \ date.$
- 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, Secretary, Winnebago Industries, Inc. 06/03/2013 under Power of Attorney

** 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.