FORM 4

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

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO              | OVAL      |
|------------------------|-----------|
| OMB Number:            | 3235-0287 |
| Estimated average burd | en        |
| 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(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*  CHIUSANO ROBERT M |  |  |   |        |   | 2. Issuer Name <b>and</b> Ticker or Trading Symbol WINNEBAGO INDUSTRIES INC [ WGO ] |                    |      |  |        |                    |   |  | (Ch   | telationship<br>eck all appli<br>X Directo   | or   |   | 10% O  | wner   |  |
|---|--|--|---|--------|---|---|--------------------|------|--|--------|--------------------|---|--|---|--|--|---|--|--|--|
| (Last) (First) (Middle) WINNEBAGO INDUSTRIES, INC.          |  |  |   |        |   | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2012                         |                    |      |  |        |                    |   |  |   | Officer<br>below)  | (give title  |   | Other (s<br>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   | reet) OREST CITY IA 50436  |  | 50436   |        |   |   |                    |      |  |        |                    |   |  |   | X Form filed by One Reporting Person  Form filed by More than One Reporting Person |  |   |  |  |  |
| (City)  | (St  | ate) (                                     | Zip)  |        |   |   |                    |      |  |        |                    |   |  |   |  |  |   |  |  |  |
|   |  | Tab  | e I - Non-  | Deriva | ative                                   | Sec   | curities           | s Ac | quired,  | Dis    | posed o            | f, or B   | ene  | ficiall                                     | y Owned  | l ,  |   |  |  |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da  |  |  |   |        |   | Execution Date,   |                    |      | 3. Transaction Code (Instr. 8) 4. Securities Acquired (ADisposed Of (D) (Instr. 3) |        |                    |   | 5. Amou<br>Securitie<br>Beneficia<br>Owned F<br>Reported | es Form<br>ally (D) of<br>Following (I) (Ir |  | : Direct<br>r Indirect<br>str. 4)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |  |
|   |  |  |   |        |   |   |                    | Code | v  | Amount | ount (A) or (D)    |   | Price  | Transact                                    | action(s)<br>3 and 4)  |  |   | (111341.4)   |  |  |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |   |        |   |   |                    |      |  |        |                    |   |  |   |  |  |   |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)         | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security  | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |        | 4.<br>Transaction<br>Code (Instr.<br>8) |   | n of               |      | 6. Date Ex<br>Expiration<br>(Month/Da  | Date   | •                  | nd 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Secu<br>(Instr. 3 and 4) |  |   | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)                                | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | i F   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|   |  |  |   |        | Code                                    | v   | (A)                | (D)  | Date<br>Exercisab  |        | Expiration<br>Date | Title   | or<br>Nu<br>of   | ımber                                       |  |  |   |  |  |  |
| Winnebago<br>Stock<br>Units <sup>(1)</sup>                  | (1)  | 12/31/2012                                 |   |        | A                                       |   | 391 <sup>(2)</sup> |      | (1)  |        | (1)                | Common<br>Stock   | 3  | 91 <sup>(2)</sup>                           | \$17.01  | 20,022 <sup>(3</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 12/14/2011
- $2. \ Represents \ amount \ of \ Winnebago \ Stock \ Units \ acquired \ by \ reporting \ person \ on \ the \ transaction \ date.$
- 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. 01/0 under Power of Attorney

01/02/2013

\*\* Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$ 

- $^{\star}$  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.