FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* <u>KITCH GERALD C</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol WINNEBAGO INDUSTRIES INC [WGO] | | | | | | | | Relationship neck all appli X Direct | cable) or | g Pers | 10% Ov | ner |
|--|---|--|--|-------|---|--|---|--------|--|--------------|----------------|---|---|---|---|-------------|---|---|
| (Last) WINNEE | ast) (First) (Middle) INNEBAGO INDUSTRIES, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/31/2012 | | | | | | | | (give title | | Other (s below) | pecify |
| P.O. BOX 152 | | | | | | Amer | ndment, [| Date o | of Original Fil | led (N | Month/Da | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) FOREST CITY IA 50436 | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | city) (State) (Zip) | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution | | | 3. Transacti Code (Ins | ion Disposed | | ties Acquired (A) o d Of (D) (Instr. 3, 4 | | Benefici | es ally Following | Form | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code V | , | Amount | nount (A) or (D) | | Transact (Instr. 3 | tion(s) | | | 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) | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisable Expiration Date (Month/Day/Year) | | | 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) | is Silly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Exp Dat | piration te | Title | Amount or Number of Shares | | | | | |
| Winnebago Stock Units ⁽¹⁾ | (1) | 01/31/2012 | | İ | A | | 395 ⁽²⁾ | | (1) | | (1) | Common Stock | 395 ⁽²⁾ | \$9.22 | 45,419 ⁰ | (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
- $2. \ Represents \ amount \ of \ Winnebago \ Stock \ Units \ acquired \ by \ reporting \ person \ on \ the \ transaction \ date.$
- 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/ Raymond M. Beebe, Secretary, Winnebago

02/01/2012 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.