| SEC Form 4 | |
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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

OMB APPROVAL

| OMB Number: | 3235-0287 | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 Add BOGART S (Last) WINNEBAGO | | (Middle) | 2. Issuer Name and Ticker or Trading Symbol <u>WINNEBAGO INDUSTRIES INC</u> [WGO] 3. Date of Earliest Transaction (Month/Day/Year) 07/23/2024 | | ionship of Reporting Per- all applicable) Director Officer (give title below) SVP-GENERAL C | 10% Owner Other (specify below) | | | |
|--|---------|----------|--|---------------------|--|---------------------------------------|--|--|--|
| 13200 PIONE | R TRAIL | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individ Line) | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person | | | | |
| (Street) EDEN | MN | 55347 | | | Form filed by More than Person | • | | | |
| PRAIRIE | | | Rule 10b5-1(c) Transaction Indication | | | | | | |
| (City) | (State) | (Zip) | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| · · · · · | | | | | | | | | | |
|---------------------------------|--|---|-----------------------------|---|--------|---------------|-------------------|---|---|---|
| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) |
| Common Stock, \$.50 par value | 07/23/2024 | | G ⁽¹⁾ | | 3,333 | D | \$ <mark>0</mark> | 44,648 | D | |
| Common Stock, \$.50 par value | 07/25/2024 | | S | | 3,333 | D | \$57.98 | 41,315 | D | |

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. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Beneficial Ownership (Instr. 4) |
|---|---|--|---|---|---|---|--|--|--------------------|---|--|---|--|---------------------------------------|
| | | | | Code | v | | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | |

Explanation of Responses:

1. Reflects the gift of common stock to a charitable family foundation.

/s/ Stacy L. Bogart

** Signature of Reporting Person Date

07/25/2024

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.