(Last)

(Street)

(City)

P.O. BOX 152

FOREST CITY IA

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

washington, D.C. 20049	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235		
STATEMENT OF STANSES IN BENEFICIAL SWITCHSTIII	Estimated average burden			

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

1. Name and Address of Reporting Person

(First)

(State)

WINNEBAGO INDUSTRIES, INC.

(Middle)

50436

(Zip)

**CHIUSANO ROBERT M** 

Filed purs or

pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940	hours per response:	0.5					
2. Issuer Name <b>and</b> Ticker or Trading Symbol WINNEBAGO INDUSTRIES INC [ WGO ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner Officer (give title Other (spec						
3. Date of Earliest Transaction (Month/Day/Year) 12/31/2010	below) below)	y					
4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person						

1. Title of Security (Instr. 3)		Date	h/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year	Code (	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	Amount	(A) or (D)	Price	Transact (Instr. 3 a	ion(s)			(111301. 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. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr 8)	n of	6. Date E: Expiratio (Month/D	n Date		7. Title and Amount of Securities Underlying Derivative (Instr. 3 an	Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)

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

## **Explanation of Responses:**

Winnebago

Stock

Units<sup>(1)</sup>

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

Date

Exercisable

(1)

(D)

- 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.

(A)

303<sup>(2)</sup>

Code ν

Α

/s/ Raymond M. Beebe, Secretary, Winnebago Industries, Inc. under Power of

01/04/2011

10,093(3)

D

<u>Attorney</u>

Title

Common

Stock

\*\* Signature of Reporting Person

Amount Numbe

Shares

303(2)

\$15,115

Expiration

(1)

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).

12/31/2010

\*\* 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.