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

	OND AFFI
STATEMENT OF CHANGES IN DENEFICIAL OWNERSHIP	OMB Number:

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:	3235-0287							
Estimated average burden								
hours per response:	0.5							

1. Name and Address of Reporting Person* ERICKSON LAWRENCE A					2. Issuer Name and Ticker or Trading Symbol WINNEBAGO INDUSTRIES INC [WGO]									(Che	5. Relationship of Reporting Person(s) (Check all applicable) X Director 10			son(s) to Iss				
														1								
(Last)	(Fi	rst) (Middle)		3. Date of Earliest Transaction (Month/Day/Year) 04/30/2009							1	Officer below)	(give title		Other (below)	specify					
WINNEBAGO INDUSTRIES, INC.					04/30/2009																	
P.O. BOX 152																						
					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. In Line	Individual or Joint/Group Filing (Check Applicable ne)									
(Street)														:	X Form f	iled by One	Repo	orting Perso	on			
FOREST	CITY IA		50436										Form filed by More than One Reporting Person				orting					
(City)	(St	ate) (Zip)																			
		Tabl	e I - Non-D	erivat	ive S	ecui	rities	Ac	quired,	Disp	osed o	f, or B	ene	ficiall	y Owned							
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution Date,			3. Transaction Code (Instr. 8) 8) 4. Securities Acquired (ADisposed Of (D) (Instr. 3, 5)				5. Amour Securitie Beneficia Owned F Reported	es Fo ially (D Following (I)		nership : Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)						
									Code	v	Amount	(A) or (D)		Price	Transact	ansaction(s) estr. 3 and 4)			(111501.4)			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
					, ca	- i										I			1			
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/Ye	Co	Transaction Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
				Co	de V		(A)	(D)	Date Exercisable		Expiration Date	Title	or Ni of	umber								
Winnebago Stock	(1)	04/30/2009		I	A	3	308 ⁽²⁾		(1)		(1)	Commo Stock	n 3	08(2)	\$8.455	11,352 ⁽	(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 12/01/08
- 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 Industries, Inc. under Power of

05/01/2009

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.