SEC Form	4
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## FORM 4

(State)

(Zip)

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

obligations i Instruction 1	may continue. See I(b).		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934		hours per response:					
			or Section 30(h) of the Investment Company Act of 1940							
1. Name and Address of Reporting Person <sup>*</sup> <u>Happe Michael J</u>			2. Issuer Name and Ticker or Trading Symbol WINNEBAGO INDUSTRIES INC [ WGO							
<u>mappe min</u>			1	X	Director	10% C	wner			
(Last)	(First)	(Middle)	[ ]	X	Officer (give below)					
	GO INDUSTRI EER TRAIL	ES, INC.	3. Date of Earliest Transaction (Month/Day/Year) 12/17/2022		PRES	ESIDENT & CEO				
(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indi Line)	vidual or Joint/0	Group Filing (Check	Applicable			
EDEN	MN	55347	ed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940   2. Issuer Name and Ticker or Trading Symbol   WINNEBAGO INDUSTRIES INC [ WGO   ] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)   X Director 10% Owner   X Officer (give title Other (specify below)   3. Date of Earliest Transaction (Month/Day/Year) PRESIDENT & CEO   4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable)							
PRAIRIE						y More than One Rep	orting			
				1						

# 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)	3. Transaction Code (Instr. 8)					Securities Beneficially	Form: Direct	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	12/17/2022		F		3,558(1)	D	\$53.11	206,576	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. Transa Code ( 8)		5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instr and 5	vative rities lired r osed ) r. 3, 4	6. Date Exerc Expiration Da (Month/Day/N	ate	Deriv	unt of rities rlying ative rity (Instr.	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

#### Explanation of Responses:

1. Upon the annual incremental vesting of a restricted stock unit award granted 12/17/2019 under the Winnebago Industries, Inc. 2019 Omnibus Incentive Plan, which is a Section 16(b) plan, the reporting person exercised their option to have a portion of such vested shares, equal in value to the tax amount calculated based upon the value of such shares on the vesting date of the Company in order to meet the reporting person's tax obligation incurred upon the vesting of such restricted stock award.

> /s/ Stacy L. Bogart, SVP, General Counsel and Secretary, Attorney-in-Fact

12/20/2022

\*\* 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.

Check this box if no longer subject to Section 16. Form 4 or Form 5  $\square$ 

(City)