Edgar Filing: HERLITZ JOHN E - Form 4

HERLITZ JOHN	ſΕ										
Form 4											
February 02, 200	7										
FORM 4			GEGU	DITIEC				Т	PPROVAL		
Check this box	UNITED	STATES		RITIES A shington			COMMISSIO	N OMB Number:	3235-0287		
if no longer								Expires:	January 31, 2005		
subject to Section 16. Form 4 or STATEMENT OF CHANGES IN BENEFICIAL SECURITIES							WNERSHIP OF	Estimated burden hou response	average Irs per		
Form 5 obligations may continue. See Instruction 1(b).	Section 17(a) of the I	Public U	Itility Hol	lding Cor		nge Act of 1934, of 1935 or Secti 940				
(Print or Type Respo	nses)										
1. Name and Address of Reporting Person <u>*</u> HERLITZ JOHN E			2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer				
	WINNEBAGO INDUSTRIES ING [WGO]				C (Check all applicable)						
(Last)	3. Date of Earliest Transaction(Month/Day/Year)01/31/2007				XDirector10% Owner						
WINNEBAGO I INC., P.O. BOX					Officer (give title Other (specify below)						
(4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check						
				onth/Day/Yea	ur)		Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
FOREST CITY,	IA 50436						Person		porting		
(City)	(State)	(Zip)	Tab	ole I - Non-J	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deeme Execution I any (Month/Day/Year)					(A) or of (D) 4 and 5)	Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V	Amount	or (D) Price	(Instr. 3 and 4)				
						. /					
Reminder: Report or	n a separate line	for each cla	ass of sec	urities bene	-		-				
					inforn requir	nation cont red to respo lys a currer	spond to the colle ained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tabl					posed of, or convertible s	Beneficially Owner securities)	đ			

1. Title of	2.	3. Transaction Date	3A. Deemed	4. 5. Numbe	r 6. Date Exercisable and	7. Title and Amount of	8. Pri
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactionof	Expiration Date	Underlying Securities	Deriv

1

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 3				ecurities cquired () or isposed (D) nstr. 3, 4,		(Instr. 3 and 4	· ·	Secur (Instr
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Winnebago Stock Units	<u>(1)</u>	01/31/2007		А		152 (2)		<u>(1)</u>	<u>(1)</u>	Common Stock	152 <u>(2)</u>	\$ 33

Reporting Owners

Reporting Owner Name / Address		Relationsh	ips	
	Director	10% Owner	Officer	Other
HERLITZ JOHN E WINNEBAGO INDUSTRIES, INC. P.O. BOX 152 FOREST CITY, IA 50436	Х			
Signatures				
/s/ Raymond M. Beebe, Secretary, W Attorney	er Power of 02/02/2007			

**Signature of Reporting Person

Explanation of Responses:

* 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).

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,

- (1) Too n in white age common stock upon the carnest 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 12/29/06.
- (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.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Date