Edgar Filing: ENGLAND JOSEPH W - Form 4

Form 4	JOSEPH W										
April 01, 20											
FORM		STATES	SECU	DITIES /	ND FV	СНАМСЕ		- .T	PPROVAL		
	UNITED	SIAILS		ashington				Number:	3235-0287		
	Check this box if no longer								January 31, 2005		
subject Section Form 4	to SIAIEN 16.	AENT OI	F CHAI	NGES IN SECUI		ICIAL OV	Estimated burden ho response	average urs per			
obligati may coi	Form 5 obligations may continue.Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940										
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> ENGLAND JOSEPH W				er Name an EBAGO 1		Trading	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
			[WGO]			(Che	ck an applicabl	ie)		
(1				of Earliest T Day/Year) 2010	ransaction		_X_ Director10% Owner Officer (give titleOther (specify below)below)				
				endment, D onth/Day/Yea	-	ıl	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
							Person				
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	(Instr. 8)	4. Securit nAcquired Disposed (Instr. 3, 4 Amount	(A) or of (D) 4 and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Domindar: Da	nort on a constation	for each a	ass of soo	uritias hana	ficially our	nad diraatly	ar indiractly				
Kenninder, Ke	port on a separate line	for each cr		unities belle	Perso inforn requir	ns who res nation cont red to respo ays a curre	spond to the colle ained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tab					posed of, or	Beneficially Owner	1			

1. Title of	2.	3. Transaction Date	3A. Deemed	4. 5. Number	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. 8)				(Month/Day/Year)		(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>	03/31/2010		А		186 (2)		<u>(1)</u>	<u>(1)</u>	Common Stock	186 <u>(2)</u>	\$ 14

Reporting Owners

Reporting Owner Name / Address		Relationsh	ips					
r g · · · · · · · · · · · · · · · · · ·	Director	10% Owner	Officer	Other				
ENGLAND JOSEPH W WINNEBAGO INDUSTRIES, INC. P.O. BOX 152 FOREST CITY, IA 50436	Х							
Signatures								
/s/ Raymond M. Beebe, Secretary, W Attorney	r Power of 04/01/2010							

**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 12/16/09.
- (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