Edgar Filing: WINNEBAGO INDUSTRIES INC - Form 4

Form 4	O INDUSTRIE	S INC	-								
August 01, 2012 FORM 4 Check this box if no longer subject to Section 16. Form 4 or EVIL 5 Form 5 Form 5 Form 5 Form 5 Form 4 or EVIL 5 Form 5 Form 5 Form 5 Form 5 Form 4 or EVIL 5 Form 5 Fo								N OMB Number: Expires: Estimated burden hou response	Number: 3235-0287		
obligation may conti <i>See</i> Instru 1(b).	nue. Section 17((a) of the l	Public U	Itility Hol	ding Cor		nge Act of 1934, of 1935 or Secti 940				
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> AAL IRVIN E			2. Issuer Name and Ticker or Trading Symbol WINNEBAGO INDUSTRIES INC [WGO]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) WINNEBAGO INDUSTRIES, INC., P.O. BOX 152			3. Date of Earliest Transaction (Month/Day/Year) 07/31/2012			X_ Director 10% Owner Officer (give title Other (specify below) below)					
(Street) FOREST CITY, IA 50436			4. If Amendment, Date 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 					
FUKESI CI	1 1, IA 30430						Person				
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned		
	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8)	4. Securit nAcquired Disposed (Instr. 3, 4	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(D) Price	(Instr. 3 and 4)				
Reminder: Repo	ort on a separate line	e for each cl	ass of sec	urities bene	ficially own	ned directly of	or indirectly.				
					inforn requir	nation cont ed to respo lys a curre	spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not orm	SEC 1474 (9-02)		
	Tab	le II - Deriv	vative Sec	curities Acq	uired, Dis	posed of, or	Beneficially Owne	d			

(*e.g.*, puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4. 5. N	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

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 3	8)					(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>	07/31/2012		А		178 (2)		<u>(1)</u>	<u>(1)</u>	Common Stock	178 <u>(2)</u>	\$ 10

Reporting Owners

Reporting Owner Name / Address		Relationsh	ips		
	Director	10% Owner	Officer	Other	
AAL IRVIN E WINNEBAGO INDUSTRIES, INC. P.O. BOX 152 FOREST CITY, IA 50436	Х				
Signatures					
/s/ Scott C. Folkers, Secretary, Winne Attorney	08/01/2012				

**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 12/14/2011.
- (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