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RODAMAN Form 4 May 01, 201	KER MARTHA T 13	•							
FORM								OMB A	PPROVAL
FUNI	UNITED	STATES		RITIES A ashington			COMMISSIO	N OMB Number:	3235-0287
Check th if no lon				0				Expires:	January 31,
subject t Section Form 4 o	o STATEN 16. or			NGES IN SECUF	RITIES	Estimated burden hou response	urs per		
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 19401(b).30(h) of the Investment Company Act of 1940									
(Print or Type	Responses)								
1. Name and A RODAMA	2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer				
		WINNEBAGO INDUSTRIES INC [WGO]				(Check all applicable)			
(Last) WINNEBA	3. Date of Earliest Transaction (Month/Day/Year) 04/30/2013			X_ Director 10% Owner Officer (give title Other (specify below) below)					
INC., P.O.		,	04/30/2	2015					
	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					
FOREST C	CITY, IA 50436							More than One R	
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or of (D)	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)
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities benef	ficially owr	ned directly o	or indirectly.		
					Perso inform requir	ns who rest nation cont ed to respo ys a curren	spond to the colle ained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)
	Tab					posed of, or convertible s	Beneficially Owner securities)	d	

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	Transactio	onof	Expiration Date	Underlying Securities	Deriv

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8	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>	04/30/2013		А		168 (2)		<u>(1)</u>	<u>(1)</u>	Common Stock	168 <u>(2)</u>	\$ 18

Reporting Owners

Reporting Owner Name / Address		Relationsh	ips			
	Director	10% Owner	Officer	Other		
RODAMAKER MARTHA T WINNEBAGO INDUSTRIES, INC. P.O. BOX 152 FOREST CITY, IA 50436	Х					
Signatures						
/s/ Scott C. Folkers, Secretary, Winnebago Industries, Inc. under Power of Attorney 05/01/2012						

**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 12/18/2012.
- (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