## Edgar Filing: HRUBES BRIAN J - Form 4

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Form 4											
October 13, 2	1 4								OMB AF	PROVAL	
		SECURITIES AND EXCHANGE COMMIS Washington, D.C. 20549					OMB Number:	3235-0287			
Check thi if no long subject to Section 1 Form 4 or	Ger <b>STATEN</b> 6.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Expires: January 31, 2005 Estimated average burden hours per response 0.5		
Form 5 obligatior may conti <i>See</i> Instru 1(b).	inue. Section 17	(a) of the l	Public Ut		ing Con	ipany	Act of	e Act of 1934, 1935 or Section 0	1		
(Print or Type R	Responses)										
HRUBES BRIAN J Syn			Symbol WINNE	Name and BAGO IN				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Leet)		[WGO]					Director 10% Owner				
(Mor			3. Date of (Month/D 10/11/20	-	ansaction			Director 10% Owner X Officer (give title Other (specify below) below) Controller			
			endment, Date Original onth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
FOREST CI	TY, IA 50436							Person	lore than One Ke	porting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	ecurity (Month/Day/Year) Execution Date, if						d of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock, \$.50 par value	10/11/2010 <u>(1)</u>			F	217 <u>(1)</u>	D	\$ 10.77	4,885	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day/ e	5. Date Exercisable and Expiration Date (Month/Day/Year)		le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address		Relation						
<b>F F</b>	Director	10% Owner	Officer	Other				
HRUBES BRIAN J WINNEBAGO INDUSTRIES, INC. P.O. BOX 152 FOREST CITY, IA 50436	Controller							
Signatures								
/s/ Raymond M. Beebe, Secretary, Winnebago Industries, Inc. under Power of Attorney								
**Signatur		Date						

## **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).

(1) Upon the vesting of an incremental portion of restricted stock awards granted under the Winnebago Industries, Inc. 2004 Incentive
 (1) Compensation 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, to be withheld by the Company in

order to meet reporting person's tax obligation incurred upon the vesting of such incremental portion of the restricted stock.

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.