## Edgar Filing: WINNEBAGO INDUSTRIES INC - Form 4

WINNEBAC Form 4 June 02, 2009	GO INDUSTRIE	S INC	-						
FORM	4					-	PPROVAL		
	• UNITED	STATES S	ECURITIES AI Washington, 1	ND EXCHANGE	COMMISSION	OMB Number:	3235-0287		
Check thi			washington,	D.C. 20349		Expires:	January 31,		
if no long subject to Section 1 Form 4 or	6. SIAIEN	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations may continue. See Instruction 1(b).									
(Print or Type F	Responses)								
1. Name and Address of Reporting Person <u>*</u> AAL IRVIN E			2. Issuer Name and ymbol VINNEBAGO IN	Ticker or Trading	5. Relationship of Reporting Person(s) to Issuer				
		[	WGO]		(Check all applicable)				
(Last) (First) (Middle) WINNEBAGO INDUSTRIES,			. Date of Earliest Tra Month/Day/Year) 15/29/2009	insaction	X_ Director 10% Owner Officer (give title Other (specify below) below)				
INC., P.O. E	30X 152								
(Street)			. If Amendment, Dat iled(Month/Day/Year)	-	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
FOREST CI	TY, IA 50436				Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Table I - Non-De	erivative Securities A	cquired, Disposed o	f, or Beneficia	lly Owned		
	2. Transaction Date (Month/Day/Year)		ate, if Transaction Code I	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	Securities I Beneficially ( Owned (	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code V	(A) or Amount (D) Price	Transaction(s) (Instr. 3 and 4)				
Damindar: Dan	ort on a senarate line	for each class		cially owned directly o	r indirectly				
Kennider, Kep	or on a separate find		s of securities benefit	Persons who res information cont required to respo	pond to the collec ained in this form and unless the for atly valid OMB cor	are not m	SEC 1474 (9-02)		
	Tab	le II - Derivat	tive Securities Acqu	ired, Disposed of, or	Beneficially Owned				

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

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. 3	8)			ired sed ) 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>	05/29/2009		А		166 (2)		<u>(1)</u>	<u>(1)</u>	Common Stock	166 <u>(2)</u>	\$ 7

## **Reporting Owners**

Reporting Owner Name / Address		Relationsh		
	Director	10% Owner	Officer	Other
AAL IRVIN E WINNEBAGO INDUSTRIES, INC. P.O. BOX 152 FOREST CITY, IA 50436	Х			
Signatures				
/s/ Raymond M. Beebe, Secretary, W Attorney	er Power of 06/02/2009			

\*\*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 12/01/08.
- (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