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ERICKSON L	AWRENCE A										
Form 4											
December 02,								0145.4			
FORM	4 UNITED	STATES	SECU	DITIFS	AND FY	CHANCE			PPROVAL		
Check this box									: 3235-0287		
if no longer	r						WNERSHIP OF	Expires:	January 31, 2005		
subject to Section 16. Form 4 or		IENI U	r CHAI		RITIES	ICIAL U	Estimated burden hou response	average urs per			
Form 5 obligations may contin <i>See</i> Instruc 1(b).	ue. Section 17(a) of the	Public U	Jtility Ho	lding Coi		nge Act of 1934, c of 1935 or Secti 1940		. 0.5		
(Print or Type Re	esponses)										
1. Name and Address of Reporting Person <u>*</u> ERICKSON LAWRENCE A			2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer				
		WINNEBAGO INDUSTRIES INC [WGO]				C (Check all applicable)					
(Last) (First) (Middle)			3. Date of Earliest Transaction				XDirector		% Owner		
WINNEBAG INC., P.O. BO	(Month/Day/Year) 11/30/2009				Officer (giv below)	below)	ner (specify				
(Street)			4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
I				onth/Day/Yea	ar)		Applicable Line) _X_ Form filed by One Reporting Person				
FOREST CIT	TY, IA 50436							More than One R			
(City)	(State)	(Zip)	Tal	ole I - Non-	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned		
	. Transaction Date Month/Day/Year)	Execution any	Date, if	Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, -	(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: Repor	rt on a separate line	e for each cl	ass of sec	urities bene	eficially ow	ned directly	or indirectly				
					Perso inforr requi	ons who res nation con red to resp ays a curre	spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tab					posed of, or convertible	Beneficially Owner securities)	d			

1. Title of
Derivative2.3. Transaction Date3A. Deemed4.5. Number6. Date Exercisable and
Expiration Date7. Title and Amount of
Berivative8. Pri
Derivative1. Title of
Derivative(Month/Day/Year)Execution Date, if
Execution Date, ifTransaction
Transaction6. Date Exercisable and
Expiration Date7. Title and Amount of
Berivative8. Pri
Derivative

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	8)	Securit Acquir (A) or Dispos of (D)	quired or posed D) str. 3, 4,		Year)	(Instr. 3 and 4)		Secur (Instr
				Code V	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Winnebago Stock Units		11/30/2009		А		242 (2)		(1)	(1)	Common Stock	242 <u>(2)</u>	\$ 10

Reporting Owners

Reporting Owner Name / Address		Relationsh	ips		
	Director	10% Owner	Officer	Other	
ERICKSON LAWRENCE A WINNEBAGO INDUSTRIES, INC. P.O. BOX 152 FOREST CITY, IA 50436	Х				
Signatures					
/s/ Raymond M. Beebe, Secretary, W Attorney	er Power of 12/02/2009				

<u>**</u>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