## Edgar Filing: WINNEBAGO INDUSTRIES INC - Form 4

WINNEBAGO Form 4		S INC								
January 04, 201 FORM 4 Check this be	4 UNITED	STATES		RITIES An ashington			E COMMISSIO		PPROVAL 3235-0287 January 31, 2005	
subject to Section 16. Form 4 or Form 5 obligations may continue	In no tonget STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Estimated averag   Subject to SECURITIES Estimated averag   Section 16. Form 4 or Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,   Form 5 obligations Filed pursuant to Section 16(a) of the Securities Exchange Act of 1935 or Section   see Instruction 30(h) of the Investment Company Act of 1940									
(Print or Type Resp	oonses)									
1. Name and Address of Reporting Person <u>*</u> AAL IRVIN E			Symbol			Trading	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) 12/31/2010				Officer (give titleOther (specify below) below)			
FOREST CITY	(Street) 4. If Amendmen Filed(Month/Day				-	ıl	Applicable Line) _X_ Form filed by	Joint/Group Filing(Check y One Reporting Person More than One Reporting		
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned	
	Fransaction Date onth/Day/Year)		Date, if	3. Transactio Code (Instr. 8)	Disposed (Instr. 3, 4	(A) or of (D) 4 and 5) (A) or	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: Report	on a separate line	for each cla	ass of sec	Code V urities bene	ficially ow	-	or indirectly. spond to the colle	oction of	SEC 1474	
					inforn requii	nation cont red to response ays a curre	tained in this forn ond unless the fo ntly valid OMB co	n are not rm	(9-02)	
	Tab	le II - Deriv	ative Sec	curities Aco	uired, Dis	posed of, or	Beneficially Owner	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)			ities red 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>	12/31/2010		А		165 (2)		<u>(1)</u>	<u>(1)</u>	Common Stock	165 <u>(2)</u>	\$ 15

## **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/ Raymond M. Beebe, Secretary, W. Attorney	r Power of 01/04/2011							

<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 12/15/2010.
- (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