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ENGLAND JOSI	EPH W									
Form 4										
September 01, 20	11									
FORM 4									PPROVAL	
Washington, D.C. 20549								N OMB Number:	3235-0287	
Check this box if no longer of a TENTENTE OF CHANGES IN DENERGIAL ON NEEDSHIP OF									January 31, 2005	
subject to Section 16. Form 4 or	bject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Estimated average burden hours per									
Form 5 obligations may continue. See Instruction 1(b).	Section 17(a) of the l	Public U	Itility Hol	ding Con		nge Act of 1934, of 1935 or Secti 940	·		
(Print or Type Respon	nses)									
1. Name and Address of Reporting Person <u>*</u> ENGLAND JOSEPH W			2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
WINNEBAGO INDUSTRIES INC [WGO]					(Check all applicable)					
(Last) (First) (Middle)				of Earliest T	ransaction		X Director		% Owner	
				Day/Year) 2011			Officer (giv below)	below)	er (specify	
(4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check					
				onth/Day/Yea	r)			plicable Line) _ Form filed by One Reporting Person . Form filed by More than One Reporting		
FOREST CITY,	IA 50436						Person	wore than one R	eporting	
(City) ((State)	(Zip)	Tab	le I - Non-I	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
	ansaction Date th/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: Report on	a senarate line	for each cl	ass of sec	urities benef	icially own	ed directly o	or indirectly			
Reminder, Report of	a separate nice				Perso inform requir	ns who rest nation cont ed to respo ys a curren	spond to the colle ained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	
	Tabl					posed of, or convertible s	Beneficially Owner securities)	1		

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	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. 8)			curities (quired) or sposed (D) (str. 3, 4,		(Instr. 3 and 4	· ·	Secur (Instr	
				Code N	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Winnebago Stock Units		08/31/2011		А		407 (2)		<u>(1)</u>	<u>(1)</u>	Common Stock	407 <u>(2)</u>	\$ 7.

Reporting Owners

Reporting Owner Name / Address		Relationsh	ips	
	Director	10% Owner	Officer	Other
ENGLAND JOSEPH W WINNEBAGO INDUSTRIES, INC. P.O. BOX 152 FOREST CITY, IA 50436	Х			
Signatures				
/s/ Raymond M. Beebe, Secretary, W Attorney	r Power of 09/01/2011			

**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