## Edgar Filing: WINNEBAGO INDUSTRIES INC - Form 4

WINNEBAGO INDUSTRII Form 4 October 02, 2007	ES INC								
FORM /							• · · · • ·	PPROVAL	
UNITEL	) STATES		RITIES A shington			COMMISSIO	N OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). StateMent of CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES SECURITIES SECURITIES SECURITIES SECURITIES Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 1(b).									
(Print or Type Responses)									
1. Name and Address of Reportin ERICKSON LAWRENCE	Symbol			Trading RIES INC	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) WINNEBAGO INDUSTRI INC., P.O. BOX 152	(Middle) ES,	3. Date of Earliest Transaction (Month/Day/Year) 09/28/2007				X_ Director10% Owner Officer (give titleOther (specify below)below)			
(Street) FOREST CITY, IA 50436		4. If Amendment, Date Original Filed(Month/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 Person</li> </ul>			
(City) (State)	(Zip)	Tab	le I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/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)	
			Code V		(D) Price				
Reminder: Report on a separate li				Perso inforn requii displa numb	ns who res nation cont red to respo nys a curren er.	or indirectly. spond to the colle cained in this form ond unless the fo ntly valid OMB co Beneficially Owner	n are not rm introl	SEC 1474 (9-02)	

(*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.	8)	Deriva Securi Acqui (A) or Dispo of (D) (Instr. and 5)	ities red sed 3, 4,	(Month/Day,	/Year)	(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>	09/28/2007		А		108 (2)		<u>(1)</u>	<u>(1)</u>	Common Stock	108 <u>(2)</u>	\$ 24

## **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, Wa Attorney	er Power of 10/02/2007			

\*\*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 12/29/06.
- (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