## Edgar Filing: ERICKSON LAWRENCE A - Form 4

ERICKSON LAV	WRENCE A										
Form 4											
November 01, 20	007										
FORM 4			GEGU	DIFIEG		GUANGE			PPROVAL		
Check this box	UNITED	STATES		RITIES A Ashington			COMMISSION	N OMB Number:	3235-0287		
if no longer	Expires:	January 31, 2005									
subject to Section 16. Form 4 or	Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Estimated average burden hours per										
Form 5 obligations may continue. See Instruction 1(b).	Section 17(	a) of the 1	Public U	Jtility Ho	lding Cor		nge Act of 1934, of 1935 or Section 940				
(Print or Type Respo	nses)										
1. Name and Address of Reporting Person <u>*</u> ERICKSON LAWRENCE A			2. Issue Symbol	er Name <b>an</b>	<b>d</b> Ticker or	Trading	5. Relationship of Reporting Person(s) to Issuer				
	WINN [WGO		INDUST	RIES INC	C (Check all applicable)						
(Last)					Transaction		X Director		% Owner		
WINNEBAGO I INC., P.O. BOX	(Month/Day/Year) 10/31/2007				Officer (give titleOther (specify below) below)						
(Street)			4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
				onth/Day/Yea	ar)		Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
FOREST CITY,					Person						
(City)	(State)	(Zip)	Tat	ole I - Non-	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned		
	ansaction Date hth/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, 4	(A) or of (D)	Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(D) Price	(Instr. 3 and 4)				
Reminder: Report on	n a separate line	for each cl	ass of sec	urities bene	ficially ow	ned directly	or indirectly.				
					inforn requi	nation cont red to responses ays a curre	spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tabl					posed of, or convertible	Beneficially Owned 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	Transaction	of	Expiration Date	Underlying Securities	Deriv

1

## Edgar Filing: ERICKSON LAWRENCE A - Form 4

Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8	3)					(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>	10/31/2007		А		200 (2)		(1)	(1)	Common Stock	200 <u>(2)</u>	\$ 2:

## **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	r Power of 11/01/2007			

<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 12/29/06.
- (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