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CHIUSANO I Form 4	ROBERT M											
October 02, 2	017											
FORM	4 UNITED	STATES	SECU	DITIES /	ND FY	СНАМСЕ	COMMISSION	т	OMB APPROVAL			
CURIVE 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check this if no longe	vr.		U				Expires:	January 31,				
subject to Section 16 Form 4 or	SIAIEN	CHAN	NGES IN SECUI	Estimated burden ho response	urs per							
Form 5 obligations may contin <i>See</i> Instruct 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 20(b) of the Investment Company Act of 1040											
(Print or Type Re	esponses)											
1. Name and Ad CHIUSANO	2. Issuer Name and Ticker or Trading Symbol WINNEBAGO INDUSTRIES INC [WGO]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
(Last)	(First) (1						X Director	104	% Owner			
(M				Day/Year) 2017	Tunbuetton		Officer (giv below)	e title $\frac{1}{\text{below}}$ Oth	ner (specify			
				endment, D nth/Day/Yea	-	ıl	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 					
FOREST CIT	ГҮ, ІА 50436						Person	More than One K	eporting			
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned			
	. Transaction Date Month/Day/Year)	2A. Deeme Execution I any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or of (D)	Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Reminder: Repo	rt on a separate line	for each cla	uss of sec	urities bene	ficially ow	ned directly o	or indirectly.					
1	·				Perso inform requir	ns who res nation cont red to respo ays a curren	pond to the colle ained in this form ond unless the fo ntly valid OMB co	i are not rm	SEC 1474 (9-02)			
	Tabl				-	posed of, or	Beneficially Owned	I				

1. Title of	2.	3. Transaction Date	3A. Deemed	4. 5. Numbe	r 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

1

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code Derivat (Instr. 8) Securit Acquiru (A) or Dispose of (D) (Instr. 3 and 5)		rities nired or osed)) r. 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>	09/29/2017		А		108 (2)		<u>(1)</u>	(1)	Common Stock	108 (2)	\$ 44

Reporting Owners

Reporting Owner Name / Address		Relationsh	ips		
	Director	10% Owner	Officer	Other	
CHIUSANO ROBERT M WINNEBAGO INDUSTRIES, INC. P.O. BOX 152 FOREST CITY, IA 50436	Х				
Signatures					
/s/ Scott C. Folkers, Secretary, Winner	wer of 09/30/2017				

Attorney

**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) $\frac{100\%}{100\%}$ in Winnebago common stock upon the earliest of the following events: reporting person's termination of service as a director,

(1) 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 12/17/2016.

- (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