## Edgar Filing: WINNEBAGO INDUSTRIES INC - Form 4

| WINNEBAG<br>Form 4<br>October 14, 2  | O INDUSTRIES                            | INC         |   |  |  |           |  |  |  |             |  |
|--|---|-------------|---|--|--|-----------|--|--|--|-------------|--|
| FORM   | 1                                       |             |   |  |  |           |  |  | OMB AF   | PROVAL      |  |
|  |   |             |   | RITIES AND EXCHANGE COMN<br>Shington, D.C. 20549 |  |           |  | OMMISSION  | OMB<br>Number:   | 3235-0287   |  |
| Check this   | ar                                      | ox          |   |  |  |           |  |  | Expires:   | January 31, |  |
| Subject to Section 16.   |   |             | CHANGES IN BENEFICIAL OWN<br>SECURITIES |  |  |           |  | NERSHIP OF   | Estimated average<br>burden hours per                                |             |  |
| Form 4 or<br>Form 5  |   | suant to Se | ection 16                               | 5(a) of the                                      | e Securit                              | ies E     | xchange  | e Act of 1934,   | response   | 0.5         |  |
| obligation<br>may conti<br><i>See</i> Instru<br>1(b).  | s Section 17(a                          | a) of the P | ublic Ut                                |  | ing Con                                | ipany     | y Act of   | 1935 or Section  | 1  |             |  |
| (Print or Type R   | esponses)                               |             |   |  |  |           |  |  |  |             |  |
| 1. Name and Address of Reporting Person *       2. Issuer         Nielsen Sarah N       Symbol         WINNE       [WGO] |   |             | er Name <b>and</b> Ticker or Trading    |  |  |           | 5. Relationship of Reporting Person(s) to Issuer |  |  |             |  |
|  |   |             |   | BAGO IN  | NDUSTI                                 | RIES      | INC  | (Check all applicable)   |  |             |  |
|  |   |             |   | e of Earliest Transaction<br>h/Day/Year)         |  |           |  | Director 10% Owner<br>X Officer (give title Other (specify                   |  |             |  |
| WINNEBAGO INDUSTRIES, 10/10/20<br>INC., P.O. BOX 152   |   |             |   | -  |  |           |  | below) below)<br>VP and Chief Financial Officer                              |  |             |  |
|  |   |             | ndment, Date Original                   |  |  |           | 6. Individual or Joint/Group Filing(Check        |  |  |             |  |
| FOREST CI  | TY, IA 50436                            | 1           | riled(ivion                             | th/Day/Year)                                     |  |           |  | Applicable Line)<br>_X_Form filed by O<br>Form filed by M                    |  |             |  |
|  | 11, 11 30+30                            |             |   |  |  |           |  | Person   |  |             |  |
| (City)   | (State) (                               | (Zip)       | Table                                   | e I - Non-D                                      | erivative                              | Secur     | ities Acq  | uired, Disposed of,  | or Beneficiall   | ly Owned    |  |
| 1.Title of<br>Security<br>(Instr. 3)   | 2. Transaction Date<br>(Month/Day/Year) |             | Date, if                                | 3.<br>Transactio<br>Code<br>(Instr. 8)           | 4. Securit<br>n(A) or Di<br>(Instr. 3, | spose     | d of (D)   | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) |             |  |
|  |   |             |   | Code V   | Amount                                 | or<br>(D) | Price  | Transaction(s)<br>(Instr. 3 and 4)   |  |             |  |
| Common<br>Stock, \$.50<br>par value  | 10/10/2014                              |             |   | F  | 1,001                                  | D         | \$<br>21.45                                      | 32,831   | D  |             |  |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | Code    | <ul> <li>5. 6. Date Exercisable and Expiration Date of (Month/Day/Year)</li> <li>3) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)</li> </ul> |                     | 7. Title and<br>Amount of<br>Underlying<br>Securities<br>(Instr. 3 and 4) |       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |  |
|---|---|---|---|---------|---|---------------------|---|-------|---|--|--|
|   |   |   |   | Code    | V (A) (D)   | Date<br>Exercisable | Expiration<br>Date  | Title | Amount<br>or<br>Number<br>of<br>Shares              |  |  |
| Reporting Owners                                    |   |   |   |         |   |                     |   |       |   |  |  |
| Report  | ing Owner N   | ame / Address                           | Director 10% O  | vner Of | <b>Relationsh</b> i   | ips                 |   | Other | ſ   |  |  |
| Nielsen S   | arah N  |   |   |         |   |                     |   |       |   |  |  |

VP and Chief Financial Officer

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Nielsen Sarah N WINNEBAGO INDUSTRIES, INC. P.O. BOX 152

## FOREST CITY, IA 50436

| /s/ Scott C. Folkers, Secretary, Winnebago Industries, Inc. under Power of Attorney | 10/13/2014 |  |
|---|------------|--|
| **Signature of Reporting Person   | Date       |  |

## **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).

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.