Edgar Filing: WINNEBAGO INDUSTRIES INC - Form 4

Form 4	O INDUSTRIE	S INC	-								
March 01, 2016 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,								N OMB Number: Expires: Estimated burden hou response	Number: 3235-0287		
obligation may conti <i>See</i> Instru 1(b).	nue. Inction	a) of the H	Public U	tility Hol	ding Co		of 1935 or Secti				
(Print or Type R	lesponses)										
1. Name and Address of Reporting Person <u>*</u> RODAMAKER MARTHA T			Symbol			Trading	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) WINNEBAGO INDUSTRIES, INC., P.O. BOX 152			3. Date of Earliest Transaction (Month/Day/Year) 02/29/2016			X_ Director10% Owner Officer (give title below) Other (specify below)					
			d(Month/Day/Year) Applica _X_Fc				idual or Joint/Group Filing(Check le Line) n filed by One Reporting Person n filed by More than One Reporting				
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Securities A	Acquired, Disposed	of. or Beneficia	llv Owned		
	2. Transaction Date (Month/Day/Year)		ed Date, if	3. Transaction Code (Instr. 8)	4. Securit	ies (A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect		
				Code V	Amount	(D) Price	(Instr. 3 and 4)				
Reminder: Repo	ort on a separate line	e for each cla	ass of sec	urities benef	Perso inforr requi	ons who res nation cont red to resp ays a curre	or indirectly. spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tab	le II - Deriv	ative Sec	urities Aca	uired, Dis	posed of, or	Beneficially Owned	d			

(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	8)	Derivative (Month/Day/Y Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		/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>	02/29/2016		А		245 (2)		(1)	<u>(1)</u>	Common Stock	245 <u>(2)</u>	\$ 18

Reporting Owners

Reporting Owner Name / Address		Relationsh	ips		
	Director	10% Owner	Officer	Other	
RODAMAKER MARTHA T WINNEBAGO INDUSTRIES, INC. P.O. BOX 152 FOREST CITY, IA 50436	Х				
Signatures					
/s/ Scott C. Folkers, Secretary, Winne Attorney	03/01/2016				

**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 12/17/2015.
- (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