Edgar Filing: CHIUSANO ROBERT M - Form 4

CHIUSANO Form 4) ROBERT M									
December 0	2,2009									
FORM	14_{UNITED}	STATES	SECU	RITIES A	ND EX	CHANGE		т	PPROVAL	
<i>.</i>		DIAILD		shington				OMB Number:	3235-0287	
Check this box if no longer								Expires:	January 31, 2005	
subject t Section Form 4 o	51AIEN 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								
Form 5 obligation may con <i>See</i> Instruction 1(b).	tinue. Section 17(a) of the I	Public U	Itility Hol	ding Co		nge Act of 1934, of 1935 or Section 940	on		
(Print or Type	Responses)									
						or Trading	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle)				[WGO] 3. Date of Earliest Transaction (Month/Day/Year) 11/30/2009			X_ Director 10% Owner Officer (give title Other (specify below) below)			
				led(Month/Day/Year) Applicable Lin _X_ Form filed Form filed				Joint/Group Filing(Check y One Reporting Person y More than One Reporting		
(City)		(Zip)					Person			
							cquired, Disposed		•	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8)	Dispose	d (A) or	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(D) Price	(IIIsu: 5 and 4)			
Reminder: Rep	port on a separate line	for each cla	ass of sec	urities bene	ficially ov	vned directly	or indirectly.			
					infor requ	mation cont ired to resp 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)	
	Tab	le II - Deriv	vative Sec	curities Acq	uired, D	isposed of, or	Beneficially Owned	I		

(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	Transactionof	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)	Derivative (Month/Day Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Year)	(Instr. 3 and 4)		Secur (Instr	
				Code N	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Winnebago Stock Units		11/30/2009		А		194 (2)		(1)	<u>(1)</u>	Common Stock	194 <u>(2)</u>	\$ 10

Reporting Owners

Reporting Owner Name / Address		Relationsh						
	Director	10% Owner	Officer	Other				
CHIUSANO ROBERT M WINNEBAGO INDUSTRIES, INC. P.O. BOX 152 FOREST CITY, IA 50436	Х							
Signatures								
/s/ Raymond M. Beebe, Secretary, W Attorney	r Power of 12/02/2009							

**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 12/01/08.
- (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