Edgar Filing: Fisher William C. - Form 4

Fisher William C.										
Form 4										
September 05, 201	18									
FORM 4		OMB APPROVAL								
CURIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									3235-0287	
Check this box								Expires:	January 31,	
if no longer subject to Section 16. Form 4 or							Estimated burden hou response	urs per		
Form 5 obligations may continue. <i>See</i> Instruction 1(b).	*	a) of the I	Public U	Itility Hol	lding Cor		nge Act of 1934, of 1935 or Secti 940			
(Print or Type Respon	ises)									
1. Name and Address Fisher William C	2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer					
		WINNEBAGO INDUSTRIES IN [WGO]				(Check all applicable)				
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)				_X_ Director 10% Owner Officer (give title Other (specify			
WINNEBAGO II INC., P.O. BOX		ES,	08/31/2	-			below)	below)		
(5	Street)			endment, D onth/Day/Yea	-	l	6. Individual or Applicable Line) _X_ Form filed by			
FOREST CITY,	IA 50436							More than One R		
(City) (S	State)	(Zip)	Tab	ole I - Non-	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
	nsaction Date h/Day/Year)	Execution any	Date, if	3. Transactic Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, 4	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				<u> </u>	•	or	Transaction(s) (Instr. 3 and 4)			
				Code V	Amount	(D) Price	. ,			
Reminder: Report on	a separate line	e for each cla	ass of sec	urities bene	ficially ow	ned directly of	or indirectly.			
					inforn requii	nation cont red to response and a current	spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	
	Tabl					posed of, or convertible :	Beneficially Owner securities)	d		

1. Title of
Derivative2.3. Transaction Date3A. Deemed4.5. Number6. Date Exercisable and
Expiration Date7. Title and Amount of
Underlying Securities8. Pri
Derivative

Edgar Filing: Fisher William C. - Form 4

Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr.	(Instr. 8) Sect Acq (A) Disp of (I (Ins		Derivative (Month/Day/Y Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		'Year)	(Instr. 3 and	and 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Winnebago Stock Units	<u>(1)</u>	08/31/2018		А		181 (2)		<u>(1)</u>	<u>(1)</u>	Common Stock	181 <u>(2)</u>	\$ 30

Reporting Owners

Reporting Owner Name / Address		Relationsh	nips	
I generation of the	Director	10% Owner	Officer	Other
Fisher William C. WINNEBAGO INDUSTRIES, INC. P.O. BOX 152 FOREST CITY, IA 50436	Х			
Signatures				
	10	100	** **	1 T 1 . T T

/s/ Stacy Bogart, Vice President, General Counsel & Secretary, Winnebago Industries, Inc.	09/05/2018					
Under Power of Attorney						
**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).

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 is 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 11/13/2017.
- (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.