## Edgar Filing: OSHKOSH CORP - Form 4

OSHKOSH (	CORP										
Form 4											
November 19	_										
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMMISSION	OMB AF OMB Number:	9PROVAL 3235-0287	
Check thi if no long subject to Section 1 Form 4 or Form 5 obligation may cont <i>See</i> Instru 1(b).	6. r Filed pu inue.	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 30(h) of the Investment Company Act of 1940								Expires:January 31,Expires:2005Estimated averageburden hours perresponse0.5	
(Print or Type F	Responses)										
1. Name and Address of Reporting Person <u>*</u> SIM RICHARD G			2. Issuer Name <b>and</b> Ticker or Trading Symbol OSHKOSH CORP [OSK]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) C/O OSHKOSH CORPORATION, 2307 OREGON STREET			3. Date of Earliest Transaction (Month/Day/Year) 11/17/2014					X_ Director 10% Owner Officer (give title Other (specify below) below)			
OSHKOSH	(Street)	Filed(Mont						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
OSHKOSH,	, WI 54902							Person			
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative S	Securi	ties Acqu	uired, Disposed of	, or Beneficial	y Owned	
1.Title of Security (Instr. 3)	ity (Month/Day/Year) Execution Date, if		3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)				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)		
Common Stock	11/17/2014			Code V A	Amount 521.72 (1)	(A) or (D) A	Price \$ 47.2	Transaction(s) (Instr. 3 and 4) 40,285.62	D		
Common Stock	11/18/2014			А	112.29 (2)	А	\$ 47.86	40,397.91	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.

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

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationsh						
reporting o wher runner runness	Director	10% Owner	Officer	Other				
SIM RICHARD G C/O OSHKOSH CORPORATION 2307 OREGON STREET OSHKOSH, WI 54902	Х							
Signatures								
Bryan J. Blankfield, for Richard G. Sim	Richard 11/19/2014							
**Signature of Reporting Person		Date						
Explanation of Responses:								
* If the form is filed by more than one reporting person, <i>see</i> 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).
- (1) Represents stock units payable in Oshkosh Corporation common stock acquired in accordance with the automatic purchase feature of the Oshkosh Corporation Deferred Compensation Plan for Directors and Executive Officers.
- (2) Represents stock units payable in Oshkosh Corporation common stock acquired in accordance with the dividend reinvestment feature of the Oshkosh Corporation Deferred Compensation Plan for Directors and Executive Officers.

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.