Edgar Filing: OSHKOSH CORP - Form 4

OSHKOSH (CORP											
Form 4												
July 22, 2009												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSI								OMMERION	OMB APPROVAL			
UNITED STATES SEC				CURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549					OMB Number:	3235-0287		
Check thi										January 31,		
if no long subject to		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							Expires: 2005 Estimated average burden hours per			
Section 16.				SECURITIES								
Form 4 or Form 5	Form 5 Filed pursuant to Sec			6(a) of th	a Sacurit		vohonac	Λ of of 1034	response	0.5		
obligation	¹⁸ Section 17						•	1935 or Sectior	ı			
may cont See Instru	inue.			vestment	•	- ·			1			
1(b).	letion	()			1.							
(Print or Type F	Responses)											
1. Name and Address of Reporting Person <u>*</u> 2. Issuer Name and Ticker or Trading 5. Relationship of H							Reporting Person(s) to					
CINA DICILADD C			Symbol	-				Issuer				
			OSHK	SHKOSH CORP [OSK]				(Check all applicable)				
(Last)	(First)	Middle)	3. Date o	f Earliest Tı	ransaction			(Cheer)		
(Month/D			n/Day/Year)				_X_ Director 10% Owner					
C/O OSHKO		FCON	07/21/2	2009				Officer (give title Other (specify below) below)				
STREET	ΓΙΟΝ, 2307 OR	EGON										
SIKELI	(Sture et)		4 10 4							(6)		
(Street) 4. If Ame Filed(Mor				mendment, Date Original				6. Individual or Joint/Group Filing(Check Applicable Line)				
			nni/Day/Tear)				_X_ Form filed by One Reporting Person					
OSHKOSH,	WI 54902							Form filed by M Person	ore than One Re	porting		
(City)	(State)	(Zip)	Tab	le I - Non-E	Derivative S	Securi	ties Acqu	uired, Disposed of	, or Beneficial	y Owned		
1.Title of	2. Transaction Dat	ned	3. 4. Securities Acquired				5. Amount of		7. Nature of			
Security	(Month/Day/Year)	n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)					Securities	1	Indirect			
(Instr. 3)		any (Month/Day/Year)			(IIISU: 5, 2	Fanu .	,)	Beneficially Owned	Form: Direct Be (D) or Ov	Ownership		
(,			(Instr. 8)				Following	Indirect (I)	(Instr. 4)			
						(A)		Reported Transaction(s)	(Instr. 4)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common					402.75		\$					
Stock	07/21/2009			А	<u>(1)</u>	Α	25.45	23,119.9	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)

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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. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
Treforming of the round of the round of	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		07/22/2009					
**Signature of Reporting Person		Date					
Explanation of Deen	~ ~ ~ ~	<u></u>					

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).
- (1) Represents stock units payable in Oshkosh Corporation common stock following cessation of the Reporting Person's service as a director in accordance with 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.