Edgar Filing: OSHKOSH CORP - Form 4

OCHROCH CODE

Form 4												
	February 17, 2015 FORM 4 LINITED STATES SECURITIES AND EXCHANCE COMMISSIO								OMB APPROVAL			
	UNITEL) STATES		ATTIES A			NGE C	COMMISSION	OMB Number:	3235-0287		
Check thi if no long subject to Section 10 Form 4 or	er STATE	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Expires: Estimated a burden hour response	•		
Form 5 obligations may continue.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 19401(b).												
(Print or Type R	(esponses)											
Radue Mark M Symbol			er Name and Ticker or Trading OSH CORP [OSK]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title 0/ Other (specify below) Senior VP Business Development					
(Last)(First)(Middle)3. Date of (Month/EC/O OSHKOSH02/12/2CORPORATION, 2307 OREGON02/12/2STREET02/12/2				-								
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				 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	lore than One Re	porting		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year) Execution any	ned n Date, if Day/Year)	3. Transactic Code (Instr. 8) Code V	(Instr. 3,	spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial		
Common Stock	02/12/2015			А	20.1 (1)	А	\$ 46.01	34,142.763 (2)	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. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	Director 10% Owner Officer		Other				
Radue Mark M C/O OSHKOSH CORPORATION 2307 OREGON STREET OSHKOSH, WI 54902	۷		Senior VP Business Development					
Signatures								
Mark M. Radue 02/17	7/2015							

<u>**</u>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).
- (1) 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.

Amount includes a total of 2,319.34 shares acquired under the Oshkosh Corporation Employee Stock Purchase Plan through 2/17/2015.

(2) Between 11/20/2014 and 2/17/2015, the reporting person acquired 41.14 shares under the Oshkosh Corporation Employee Stock Purchase Plan.

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.