Edgar Filing: OSHKOSH CORP - Form 4

OSHKOSH	CORP										
Form 4											
July 16, 2008											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									1B APPROVAL		
	UNITED	J SIAIES					NGE U	OMMISSION	OMB Number:	3235-0287	
Check the	is box	Washington, D.C. 20549								January 31,	
if no longer subject to STATEMENT OF C			F CHAN	GES IN	BENEFI	CIA	LOWN	NERSHIP OF	Expires:	2005	
subject to STATEMENT OF CHAN Section 16.				SECURITIES					Estimated average burden hours per		
Form 4 or									response		
Form 5 obligation	*						•	e Act of 1934,			
may cont	inue. Section 17			vestment	•	- ·		1935 or Section	1		
See Instru 1(b).	uction	50(II)	of the fil	vestment	Compan	y Aci	. 01 194	0			
1(0).											
(Print or Type F	Responses)										
1. Name and A	ddress of Reporting	g Person *	2 Iccue	r Name and	Ticker or '	Tradin	a	5. Relationship of	Reporting Pers	on(s) to	
SIM RICHARD G Symbol				er Name and Ticker or Trading				Issuer			
OSHKOSH CORP [OSK]											
(Last)	(First)	(Middle)	3. Date of	f Earliest Tı	ransaction			(Checl	k all applicable)	
			(Month/E	Day/Year)				_X_ Director		Owner	
C/O OSHKOSH 07/15/2			2008				Officer (give title Other (specify below) below)				
	TION, 2307 OR	REGON						0010 (1)	0010(1)		
STREET											
	(Street)			endment, Date Original			6. Individual or Joint/Group Filing(Check				
Filed(Mon			nth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
OSHKOSH	, WI 54902							Form filed by M Person			
(City)	(State)	(Zip)	Tabl	le I - Non-E	Derivative S	Securi	ties Acq	uired, Disposed of	, or Beneficial	y Owned	
1.Title of	2. Transaction Da	ned	3. 4. Securities Acquired				5. Amount of	Ownership Indirec	7. Nature of		
Security	(Month/Day/Year	n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				Securities	Indirect				
(Instr. 3)		any (Month/Day/Year)			(Instr. 3, 4	and 2))	Beneficially Owned	Form: Direct Benefit (D) or Owner	Ownership	
		X		(Instr. 8)				Following	Indirect (I)	(Instr. 4)	
						(A)		Reported Transaction(s)	(Instr. 4)		
				Code V	A	or	D.::	(Instr. 3 and 4)			
Common				Code V	Amount 600.47	(D)	Price \$				
Stock	07/15/2008			А	<u>(1)</u>	А	17.07	14,556.95	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, 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	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	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		07/16/2008					
**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 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.