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WUEST MIC	CHAEL J										
Form 4											
April 13, 201	10										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL		
	• • UNITE	D STATES					NGE C	COMMISSION	OMB	3235-0287	
Check thi	is box		Was	shington,	D.C. 20	549			Number:	January 31,	
if no longer								NEDSHID OF	Expires:	2005	
subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWN SECURITIES				NERSHIP OF	Estimated average		
Section 1 Form 4 or			SECURITIES					burden hours per response 0			
Form 5		oursuant to S	Section 1	6(a) of the	e Securit	ies E	xchang	response nge Act of 1934,			
obligation	ns Section 1						-	1935 or Section	1		
may cont <i>See</i> Instru	inue.			vestment	•	· ·					
1(b).					-						
(Print or Type F	Responses)										
1 Name and A	ddrass of Paparti	ng Derson *	.		7 . 1			5 Delationship of	Penarting Dar	on(s) to	
				Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
			Symbol	OSH COR	PIOSK	1					
						1		(Chec	k all applicable)	
(Last)	(First)	(Middle)		f Earliest Tr	ansaction			Director	100/	Owner	
			04/09/2	h/Day/Year) D/2010				Diffect (give title Other (specify			
	TION, 2307 O	REGON	04/07/2	010				below)	below)	aamaat	
STREET	,							EVP & Ples.	Commercial S	egment	
	(Street)		4. If Ame	ndment, Da	te Origina	1		6. Individual or Jo	int/Group Filin	g(Check	
· · · · · · · · · · · · · · · · · · ·				nth/Day/Year	-	-		Applicable Line)			
				•				_X_ Form filed by C			
OSHKOSH,	, WI 54902-70	62						Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	T -11	I N. D	• •	C.	• • • • • •	··· 1 D'···· 1 .6			
							_	uired, Disposed of		-	
1.Title of Security	2. Transaction D (Month/Day/Yea			3. Transactic	4. Securi			5. Amount of Securities	6. Ownership Form: Direct		
(Instr. 3)	(Wohth/Day/Tea	any any	on Date, ifTransaction(A) or Disposed of (D) CodeCode(Instr. 3, 4 and 5)Day/Year)(Instr. 8)					Beneficially	(D) or	Beneficial	
· · · ·							·	Owned			
								Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
				Code V	Amount	or	Drigg	(Instr. 3 and 4)			
Common				Code V	Amount 6.55	(D)	Price \$				
Stock	04/09/2010			А	(1)	А	φ 40.95	13,557.37	D		
Stoon							.0.75				

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)

1. Title o Derivativ Security (Instr. 3)	ve Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	5. ionNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3,			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address		Relationships							
		Director	10% Owner	Officer	Other				
WUEST MICHAEL J C/O OSHKOSH CORPORATION 2307 OREGON STREET OSHKOSH, WI 54902-7062				EVP & Pres. Commercial Segment					
Signatures									
Michael J. Wuest	04/13/2	2010							
**Signature of	Date								

**Signature of Reporting Person

ng Person

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 automatic purchase 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.