Edgar Filing: OSHKOSH CORP - Form 4

OSHKOSH C	ORP										
Form 4 February 05, 2	2015										
FORM	4 UNITED S	 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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 20(b) of the Investment Company Act of 1940 								PPROVAL 3235-0287	
Check this if no longe subject to Section 16 Form 4 or Form 5 obligations may contin <i>See</i> Instruct 1(b).	Filed pure Section 17(a									January 31, 2005 average irs per 0.5	
(Print or Type Re	esponses)										
1. Name and Address of Reporting Person <u>*</u> OMTVEDT CRAIG P			2. Issuer Name and Ticker or Trading Symbol OSHKOSH CORP [OSK]				g	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(Che				ck all applicable)						
C/O OSHKO CORPORAT STREET	SH ION, 2307 ORE	GON	(Month/Da 02/03/20	•				X Director Officer (give below)		b Owner er (specify	
	(Street)		Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
OSHKOSH,	WI 54902							Form filed by I Person	More than One Ro	eporting	
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Data (Month/Day/Year)	Execution any	emed on Date, if 'Day/Year)	3. Transactic Code (Instr. 8) Code V	Disposed (Instr. 3,	l (A) c l 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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	02/03/2015			А	2,875 (1)	А	\$0	28,130	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)

Edgar Filing: OSHKOSH CORP - Form 4

1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exer		7. Titl		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	2				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
					., und c)						
									Amount		
						Data	Evaluation		or		
						Date	Expiration	Title	Number		
						Exercisable	Date		of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
http://mg office.reality/induities	Director	10% Owner	Officer	Other			
OMTVEDT CRAIG P C/O OSHKOSH CORPORATION 2307 OREGON STREET OSHKOSH, WI 54902	Х						
Signatures							
Bryan J. Blankfield, for Craig P. Omtvedt	02/05/2015						
<u>**</u> Signature of Reporting Person		Date					
Explanation of Poen	onco	<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) Common Stock granted to Reporting Person pursuant to the Company's 2009 Incentive Stock and Awards Plan, as amended.

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.