Edgar Filing: OSHKOSH TRUCK CORP - Form 4

OSHKOSH 7	FRUCK CORP										
Form 4											
November 01	, 2005										
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSIO							OMMISSION	OMB APPROVAL		
	UNITED			, D.C. 20		UNINII55IUN	OMB Number:	3235-0287 January 31,			
Check thi if no long	or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF									
subject to	LENT OF	F CHAN			ICIA	LOW	NERSHIP OF	Estimated a	2005 verage		
Section 16. Form 4 or				SECUR	KITIES				burden hours per		
Form 5							e Act of 1934	response	0.5		
obligation	18 Section 17(s						-	1935 or Section	1		
may conti <i>See</i> Instru	nue.			•	Compan	· ·					
1(b).											
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> MEDVIN HARVEY N		2. Issuer Symbol	Name and	l Ticker or	Tradi	ng	5. Relationship of Reporting Person(s) to Issuer				
			OSHKOSH TRUCK CORP [OSK]					(Check all applicable)			
(Last)	(First) (N	(liddle)	3. Date of	Earliest T	ransaction			(Cheel	k an appneable)	
(Month/Da			ay/Year)				_X_ Director 10% Owner				
C/O OSHKOSH TRUCK 10/31/20 CORPORATION, 2307 OREGON			005				Officer (give titleOther (specify below) below)				
STREET	110N, 2307 OKE	GON									
STREET	(Stars at)		4 10 4	1						(61)	
			ndment, Date Original (th/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
OSHKOSH,	WI 54902		T neu(mon	un/Day/10a	.)			_X_ Form filed by C Form filed by M			
								Person			
(City)	(State) ((Zip)	Tabl	e I - Non-I	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date			3. T	4. Securi			5. Amount of	6. Ownership		
Security (Instr. 3)	(Month/Day/Year)	Execution any	n Date, 11	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				Securities Beneficially	Form: Direct (D) or	Indirect Beneficial	
. ,			Day/Year) (Instr. 8)					Owned	Indirect (I) Own	Ownership	
								Following Reported	(Instr. 4)	(Instr. 4)	
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	10/31/2005			А	17.22 (1)	A	\$ 43.55	1,988.52	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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other MEDVIN HARVEY N C/O OSHKOSH TRUCK CORPORATION Х 2307 OREGON STREET OSHKOSH, WI 54902 Signatures Harvey N. 11/01/2005 Medvin

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