## Edgar Filing: Wallace William S - Form 4

Wallace Will Form 4	iam S										
November 21	, 2018										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington D.C. 20549								3235-0287			
Check thi if no long subject to Section 10 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	er STATE	<b>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF</b> <b>SECURITIES</b> 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							Lanuary 31Expires:2005Estimated averageburden hours perresponse0.5		
(Print or Type R	esponses)										
Wallace William S Sym			Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol OSHKOSH CORP [OSK]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)		Earliest Tra				(Chec	k all applicable	)	
C/O OSHKO CORPORAT STREET	OSH FION, 2307 OF	REGON	(Month/D 11/19/20	-				X Director Officer (give below)		Owner er (specify	
	(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>						
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/Yea	r) Execution any		3. Transactio Code (Instr. 8) Code V	4. Securit n(A) or Di (Instr. 3, Amount	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)		
Common Stock	11/19/2018			А	98.17 (1)	A	\$ 66.09	24,128.05	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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Tit	le and	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	rlying	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
	5				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						(
					4, and 5)						
					i, und 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	•	Title	Number		
						Exercisable	Date		of		
				Code V	(A) (D)				Shares		

Edgar Filing: Wallace William S - Form 4

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
Wallace William S C/O OSHKOSH CORPORATION 2307 OREGON STREET OSHKOSH, WI 54902	Х							
Signatures								
Ignacio A. Cortina, for William S. Wallace		11/21/20	)18					
**Signature of Reporting Person		Date						
Evaluation of Responses:								

## 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.

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.