

OSHKOSH CORP

Reported by RADUE MARK M

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 03/14/11 for the Period Ending 03/11/11

Address 2307 OREGON ST

P O BOX 2566

OSHKOSH, WI 54903

Telephone 920 235 9151

CIK 0000775158

Symbol OSK

SIC Code 3711 - Motor Vehicles and Passenger Car Bodies

Industry Auto & Truck Manufacturers

Sector Consumer Cyclical

Fiscal Year 09/30





[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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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 30(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *				*	2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Radue Mark M				OSHKOSH CORP [OSK]													
(Last)	(First)		(Middle)		3. Date of Earliest Transaction (MM/DD/YY					YYYY)				10% O			
					2/11/2011							X Offic below)	X Officer (give title below) Other (specify below)				
C/O OSHKOSH											Senior VP	Senior VP Business Development					
CORPORAT STREET	ION, 23	807 C	DREGO	N													
(Street)												6. Individual or Joint/Group Filing (Check Applicable Line)					
OSHKOSH, Y	WI 5490) 2											V F C	1.11.0	D		
(City)	(State)		(Zip)		_ X _ Form filed by One Repo Form filed by More than								1				
		Tab	ole I - Nor	ı-Deri	ivativ	e Securi	ties Acq	ui	red, D	spo	osed	of, or	Beneficially	y Owned			
· · · · · · · · · · · · · · · · · · ·			2. T Dat	Execution Date, if		Code (Instr. 8)		Acquired Disposed	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Fol	. Amount of Securities Beneficially Ov following Reported Transaction(s) (Instr. 3 and 4)			Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
					any	Code V		Amount	(A) or (D)	or							
Common Stock 3/2				3/1	11/2011		A		36.72 (1)	A	\$34.0	04	10704.82 (2)		D		
Tab	ole II - De	rivati	ive Securi	ities B	enefi	cially O	wned (.g	. , puts	, ca	ılls, v	warra	nts, options,	convert	ible secur	ities)	
		Exercise Date ce of rivative	Execution Cod	Γrans. Code	Deriv Secur Acqu Dispo	ative		d Expiration Date			7. Title and Amou Securities Underly Derivative Securit (Instr. 3 and 4)		erlying urity	(Instr. 5) S	of derivative Securities Beneficially Owned Following	Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr.	Beneficial
				Code V	(A)	(D)	Exercisab			¹ Ti		nares	or indifficer of	(s) (Instr. 4)			

Explanation of Responses:

- (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.
- (2) Amount includes a total of 1,483.50 shares acquired under the Oshkosh Corporation Employee Stock Purchase Plan through 3/11/2011. Between 2/12/2011 and 3/11/2011, the reporting person acquired 14.20 shares under the Oshkosh Corporation Employee Stock Purchase Plan.

Reporting Owners

Demonting Orymon Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Radue Mark M C/O OSHKOSH CORPORATION			Senior VP Business Development				
2307 OREGON STREET OSHKOSH, WI 54902			•				

Signatures

Mark M. Radue	3/14/201
	D. r.

** Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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.