

## **OSHKOSH CORP**

# Reported by MEADERS MARK A

### FORM 4

(Statement of Changes in Beneficial Ownership)

### Filed 09/21/05 for the Period Ending 09/19/05

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

OMB APPROVAL
OMB Number: 3235-0287
Expires: January 31, 2008
Estimated average burden
hours per response... 0.5

## 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 Add	ress of Re	porting 1	Person *	2	. Issi	uer Nam	ne a	nd Tic	cke	er or Ti	adiı	ng Sym	g Symbol 5. Relationship of Reporting Person (Check all applicable)					to Issuer
MEADERS M	IARK A	<b>\</b>				IKOSI								Direct			100/ 0	
(Last)	(First)	(Mid	ldle)	3	. Da	te of Ear	rlies	st Tran	ısa	ction (	MM/I	DD/YYY	)D/YYYY) —————————————————————————————————					wner er (specify
C/O OSHKOS CORPORATI STREET			EGON					9/19	/2	2005				Exec VP	and CO(	), Pierce I	Mfg.	
<u> </u>	(Street)					Amendn D/YYYY)		, Date	O	riginal	File	ed	6. Individual or Joint/Group Filing ( Applicable Line)				Filing (Che	eck
OSHKOSH, V	<b>VI 5490</b> (State)	2-7062 (Zip											_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Per					n
		Table 1	I - Non-l	Deriv	vativ	e Secur	itie	s Acq	ui	red, Di	spo	sed of,	or ]	Beneficiall	y Owned	l		
1.Title of Security (Instr. 3)				2. Tr Date		2A. Deemed Execution Date, if	C	Trans. ode nstr. 8)		4. Secur Acquire Dispose (Instr. 3,	d (A) d of (	or Fo	(Instr. 3 and 4) For Dir				Ownership Form: Direct (D)	Beneficial Ownership
						any		Code	V	Amount	(A) or (D)	Price					or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock				9/19	/2005			A		2500 (1)	A	\$0		331	22.02		D	
Tab	le II - De	rivative	Securiti	es Be	enefi	cially O	)wn	ed ( <i>e</i> .	.g.	, puts	, cal	lls, war	ran	ts, options	, convert	ible secur	rities)	
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans Code (Instr 8)	s. D S r. A	. Number of Derivative ecurities acquired (A r Disposed D) (Instr. 3, 4 a)	A) l of	6. Date Expirat			and		es Un ve Se		8. Price of Derivative of Security (Instr. 5)  8. Price of Of Office of Office		Direct (D) or Indirect (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercis	sabl	Expira le Date	tion	Title	N	mount or umber of aares		Transaction (s) (Instr. 4)	4)	
Option (2)	\$41.04	9/19/2005		A		15800		(3)	)	10/19/	2015	Commo Stock	n	15800	<b>\$0</b> (2)	15800	D	

#### **Explanation of Responses:**

- (1) Restricted Shares granted to Reporting Person on September 19, 2005, subject to certain vesting and forfeiture provisions.
- (2) Option (right to buy) granted pursuant to the Company's Stock Plan.
- (3) Options vest in one-third (1/3) annual increments commencing on 09/19/2006.

#### **Reporting Owners**

Describe Come None / Address			Relationships	
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
MEADERS MARK A C/O OSHKOSH TRUCK CORPORATION			Exec VP and COO, Pierce Mfg.	
2307 OREGON STREET				

Signatures	
Mark A. Meaders	9/21/2005
** Signature of Reporting Person	Date

OSHKOSH, WI 54902-7062

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.