

OSHKOSH CORP

Reported by JONES WILSON R

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 06/01/15 for the Period Ending 05/28/15

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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *				2.	2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Jones Wilson R				O	OSHKOSH CORP [OSK]											
(Last)	(First)	(Mid	dle)	3.	3. Date of Earliest Transaction (MM/DD/YYYY)					Y) -	Directo		_	10% O		
											h	_X _ Officelow)	er (give title	e below)	Othe	r (specify
C/O OSHKOSH					E /20 /201 E							President and COO				
CORPORATI	ION, 23	0 7 OR	EGON													
STREET																
(Street)												6. Individual or Joint/Group Filing (Check Applicable Line)				
OSHKOSH, V	VI 5490	2										V F 6	1. 11 0	D		
(City)	(State)	(Zip)	ı							_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
			2. Tra Date	ins.	2A. Deemed Execution Date, if	C	ode Anstr. 8)	Acquired (A) Disposed of (Instr. 3, 4 and	or Fol (Ins		Reported Transaction(s) Ownership of In Form: Bene Direct (D) Own			Beneficial Ownership		
						any		Code V	Amount (A) or (D)	Price					or Indirect (I) (Instr. 4)	(Instr. 4)
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
1. Title of Derivate 2. 3. Trans. 3A. 4. Security Conversion (Instr. 3) Date Deemed T Execution C Price of C Date, if (I		4. Trans Code (Instr. 8)	Securities		A) or (D)	6. Date Exe and Expirat	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		(Instr. 5)	of derivative Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title		ount or ber of es		Transaction (s) (Instr. 4)	[4)	
Restricted Stock Units	(1)	5/28/2015		A		33.163		(2)	(2)	Common Stock	1 3	33.163	\$0	10085.392	D	
Restricted Stock Units	(1)	5/28/2015		A		49.593		(3)	(3)	Common Stock	1 4	49.593	\$0	15082.107	D	

Explanation of Responses:

- (1) Each Restricted Stock Unit represents a contingent right to receive one share of OSK common stock.
- (2) The Restricted Stock Units acquired will be settled proportionately with the Restricted Stock Units Award originally granted on 9/16/2013.
- (3) The Restricted Stock Units acquired will be settled proportionately with the Restricted Stock Units Award originally granted on 9/15/2014.

Reporting Owners

Reporting Owners							
Demonting Oxymen Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Jones Wilson R							
C/O OSHKOSH CORPORATION							
			President and COO				
2307 OREGON STREET							
OSHKOSH, WI 54902							

Signatures

Wilson R. Jones	6/1/2015		
** Signature of Reporting Person	Date		

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.