FORM 4

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

☐ Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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

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 *					Issue	r Nam	e and Tick	er o	r Tradi	ng Symb	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Freeders James (7			O	SHI	KOSI	H CORP	[(OSK]			Director	леаоте	100/	Owner	
(Last) (First) (Middle)				3.	3. Date of Earliest Transaction (MM/DD/YYYY)							X Officer (give title below) Other (specify below)				
C/O OSHKOSH CORPORATION, 1917 FOUR WHEEL DRIVE							11/1	15/2	2024		Senior VP an			(1)	,	
	(Stre			4.	If Ar	nendm	ent, Date C	rigi	inal Fil	ed (MM/D	D/YYYY)	6. Individual o	or Joint/G	roup Filing	(Check Appl	icable Line)
OSHKOSH, WI	5490											X _ Form filed by		ting Person One Reporting P	'erson	
(City)	(Sta	ite) (Zip)									1 01111 11100 07		one responding r		
			Table I -	Non-Dei	rivat	ive Sec	curities Ac	quii	red, Di	sposed o	f, or Ben	eficially Owne	d			
1. Title of Security (Instr. 3)			rans. Date	Exect	Deemed ution if any	3. Trans. Co (Instr. 8)	de	Dispose	rities Acqui ed of (D) , 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership Form: Benefic Direct (D) Owners	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Code	V	Amour	(A) or (D)	Price				(I) (Instr. 4)	
Common Stock			11/	/15/2024			M		235.74	6 A	\$108.6 ⁽¹⁾			7,514.418	D	
Common Stock			11/	/15/2024			F		111	l D	\$108.6			7,415.776 ⁽²⁾	D	
	Tab	ole II - Deri	ivative Se	ecurities	Ben	eficiall	y Owned (e.g.	, puts,	calls, wa	ırrants, o	ptions, conver	tible secu	ırities)		
1. Title of Derivate Security (Instr. 3) Conver or Exer Price o Deriva Securit	ersion ercise of ative	3. Trans. Date	3A. Deeme Execution Date, if any	4. Trans Code (Instr. 8)	8) Derivati Acquire Dispose		ber of ive Securities ed (A) or ed of (D) , 4 and 5)		Date Exer 1 Expirati				lying Derivative		Form of	11. Nature of Indirect Beneficial Ownership (Instr. 4)
Securi	·y			Code	V (A)		(D) Da		te ercisable	Expiration Date	Title	Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	or Indirect	
Restricted Stock Units	<u>(1)</u>	11/15/2024		M			235.746	11/	15/2024	(3)	Common Stock	235.746	\$0	235.746	D	

Explanation of Responses:

- (1) Each Restricted Stock Unit represents a contingent right to receive one share of OSK common stock.
- (2) The amount beneficially owned includes shares acquired pursuant to dividend reinvestments in exempt transactions not required to be reported pursuant to Section 16(a) and also includes 674.65 shares acquired under the Oshkosh Corporation Employee Stock Purchase Plan through 11/18/2024. Between 2/21/2024 and 11/18/2024, the reporting person acquired 8.51 shares under the Oshkosh Corporation Employee Stock Purchase Plan.
- (3) Restricted Stock Unit Award vests in one-third (1/3) annual increments commencing on 11/15/2022.

Reporting Owners

Panarting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Freeders James C C/O OSHKOSH CORPORATION 1917 FOUR WHEEL DRIVE OSHKOSH, WI 54902			Senior VP and Controller				

Ignacio A. Cortina, for James C. Freeders

11/19/2024

**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.