

□ 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 OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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	2	l. Issuer Nam	ne and Tic	ker o	or Trading	g Symł	pol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Pfeifer John C			0	OSHKOS	H CORI	P [0	OSK]							
(Last)	(First)	(Middle)	3	3. Date of Earliest Transaction (MM/DD/YYYY)					Y)	Director 10% Owner X Officer (give title below) Other (specify below)				
C/O OSHKOSH FOUR WHEEL		RATION	N, 1917		11/	/15/	2024			President & CEO				
	(Street)		4	If Amendr	nent, Date	Orig	inal Filed	l (MM/E	DD/YYYY)	6. Individual or Joint/Group Filing	(Check App	licable Line)		
OSHKOSH, WI (City)	54902 (State)	(Zip)								X Form filed by One Reporting Person Form filed by More than One Reporting	Person			
	(=)		I - Non-D	erivative Se	curities A	cqui	ired, Disp	oosed o	of, or Bei	neficially Owned				
1. Title of Security (Instr. 3)			2. Trans. Date	2A. Deemed Execution Date, if any	3. Trans. Code (Instr. 8)		Disposed of (D)		red (A) or	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		
					Code	Code V		(A) or (D)	Price		or Indirect (I) (Instr. 4)	(Instr. 4)		
Common Stock			11/15/2024		М		3,798.152	Α	\$108.6 (<u>1</u>)	80,040.492	D			
Common Stock			11/15/2024		F		1,786	D	\$108.6	78,254.492	D			
	Table II	- Derivativ	e Securitie	es Beneficial	ly Owned	(e.g	., puts, ca	alls, w	arrants,	options, convertible securities)				
1. Title of Derivate 2.	3. Tran	is. 3A. De	eemed 4. Tran		per of		Date Exercis			d Amount of 8. Price of 9. Number of	10.	11. Nature		

1. Title of Derivate	2.	Trans.	3A. Deemed	Trans.		5. Nu	mber of	Date Exer	rcisable	Title and A	Amount of	Price of	Number of	10.	11. Nature
		Date	Execution	Code				and Expirati	on Date	Securities U	nderlying	Derivative	derivative	Ownership	of Indirect
(Instr. 3)	or Exercise		Date, if any	(Instr. 8)		Acqui	ired (A) or			Derivative S	ecurity	Security	Securities	Form of	Beneficial
	Price of					Dispo	sed of (D)			(Instr. 3 and	4)	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					(Instr.	3, 4 and 5)						Owned	Security:	(Instr. 4)
	Security								1				Following	Direct (D)	
								Date	Expiration		Amount or		Reported	or Indirect	
								Exercisable	Date	Title	Number of		Transaction(s)	(I) (Instr.	
				Code	V	(A)	(D)	Excicisuoie	Dute		Shares		(Instr. 4)	4)	
Restricted Stock Units	<u>(1)</u>	11/15/2024		М			3,798.152	11/15/2024	<u>(2)</u>	Common Stock	3,798.152	\$0	3,798.152	D	

Explanation of Responses:

(1) Each Restricted Stock Unit represents a contingent right to receive one share of OSK common stock.

(2) Restricted Stock Unit Award vests in one-third (1/3) annual increments commencing on 11/15/2022.

Reporting Owners

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	Director 10% Owner Officer						
Pfeifer John C C/O OSHKOSH CORPORATION 1917 FOUR WHEEL DRIVE OSHKOSH, WI 54902			President & CEO					

Signatures

Ignacio A. Cortina, for John C. Pfeifer

11/19/2024 Date

**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.