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
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 of Reporting Person *-					2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
 Khare Anup	am			O	SHI	KOSI	H CORP) [C	OSK]				olicable)	100		
(Last) (First) (Middle)					3. Date of Earliest Transaction (MM/DD/YYYY)							Director10% Owner X Officer (give title below) Other (specify below)				
C/O OSHKOSH CORPORATION, 1917 FOUR WHEEL DRIVE					11/15/2024							SVP/Chief In			er (speerly	,
	(Stre			4.	If An	nendm	ent, Date C	Origi	nal Fil	ed (MM/D	D/YYYY)	6. Individual o	or Joint/G	roup Filing	(Check Appl	licable Line)
OSHKOSH, WI 54902												_X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
(C	City) (Sta	ate) (Zip)											- Teporung I		
			Table I - N	on-Dei	rivat	ive Se	curities Ac	quii	red, Di	sposed o	of, or Ber	eficially Owne	d			
1. Title of Security (Instr. 3)			ns. Date	te 2A. Deemed Execution Date, if any		3. Trans. Co (Instr. 8)	ode	4. Securities Acquired (ADisposed of (D) (Instr. 3, 4 and 5)			Following Reported Transaction(s) Ownership Form: Benefit Direct (D) Owner		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	V	Amoun	(A) or (D)	Price				(I) (Instr. 4)	
Common Stock			11/1:	5/2024			M		463.116	A	\$108.6 ⁽¹⁾			15,090.071	D	
Common Stock			11/1	5/2024			F		2,075	D	\$108.6			14,886.536 (2)	D	
	Tab	ole II - Deri	ivative Sec	urities	Ben	eficial	ly Owned ((e.g.	, puts,	calls, wa	arrants, o	options, conver	tible secu	ırities)		
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)	e De rr. 8) Ac Di		Number of erivative Securities equired (A) or isposed of (D) nstr. 3, 4 and 5)		Oate Exer l Expirati				lerlying Derivative curity Security	9. Number of derivative Securities Beneficially Owned Following	Ownership Form of Derivative	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security			Code	V	(A)	(D)	Dat Exe	te ercisable	Expiration Date	Title	Amount or Number of Shares		Reported Transaction(s) (Instr. 4)	or Indirect	
Restricted Stock Units	<u>(1)</u>	11/15/2024		M			463.116	11/1	15/2024	(3)	Common Stock	463.116	\$0	463.116	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).
- (3) Restricted Stock Unit Award vests in one-third (1/3) annual increments commencing on 11/15/2022.

Reporting Owners

Donostino Orymon Nomo / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Khare Anupam C/O OSHKOSH CORPORATION 1917 FOUR WHEEL DRIVE OSHKOSH, WI 54902			SVP/Chief Information Officer					

Signatures

**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.