☐ 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 *					2. Issuer Name <b>and</b> Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
McTague En	nma M			O	SHI	KOSI	H CORP	10	OSK ]			Director	nicuoie)	100	· O	
(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				17	11/15/2023							SVP and Chie			ner (speen)	
	(Stre			4. ]	If Ar	nendm	ent, Date C	Origi	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			Person	
(City) (State) (Zip)												Form filed by More than One Reporting Person				
			Table I - N	on-Der	rivat	ive Sec	curities Ac	qui	red, Di	sposed o	f, or Ben	eficially Owne	d			
1. Title of Security (Instr. 3)				2A. Deemed Execution Date, if any		3. Trans. Co (Instr. 8)	de	Dispose	rities Acqui ed of (D) , 4 and 5)	` /	ollowing Reported Transaction(s) Ownership of In Form: Bene Direct (D) Own		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amour	(A) or (D)	Price				(I) (Instr. 4)	(IIIsti. 4)
Common Stock			11/1:	5/2023			M		523.45	1 A	\$97.07 <sup>(1)</sup>			4,691.697	D	
Common Stock			11/1	5/2023			F		24	7 <b>D</b>	\$97.07			4,537.601 (2)	D	
	Tab	ole II - Deri	ivative Sec	urities	Ben	eficiall	y Owned	(e.g.	, puts,	calls, wa	ırrants, o	ptions, conver	tible secu	ırities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ise	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)	Derivative Securities			Date Exer 1 Expirati			Underlying Security	8. Price of Derivative Security (Instr. 5)	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>	11/15/2023		M			523.454	11/	15/2023	(3)	Common Stock	523.454	\$0	524.483	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 Oyymon Nomo / Adduses	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
McTague Emma M C/O OSHKOSH CORPORATION 1917 FOUR WHEEL DRIVE OSHKOSH, WI 54902			SVP and Chief HR 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.