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. I	2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer				
1. Ivanic and Adv	aress of Rej	porting i cis	-							0 3		(Check all app		C		
Pack Michae	el E			OS	SHK	KOSH	CORP	[O :	SK]				Í			
(Last) (First) (Middle)			3. I	3. Date of Earliest Transaction (MM/DD/YYYY)							Director 10% Owner					
(2451)	(1 115)	, (iaic)						`		,	_X_ Officer (gi		v) Ot	ner (specify	below)
C/O OSHKO	SH COL	RPORAT	TON. 19	17			2/1	9/20	24			Exec VP and	CFO			
FOUR WHE			1011,12	- /												
	(Stre			4. I	fAn	nendmen	t, Date O	rigin	al Fil	ed (MM/D	D/YYYY)	6. Individual o	or Joint/G	roup Filing	Check Appl	icable Line)
							,	0			,			1 8		,
OSHKOSH,	WI 5490	2										X Form filed b				
(C	ity) (Sta	te) (Zip))									Form filed by	More than C	One Reporting P	erson	
		,	Table I - N	on-Der	ivati	ve Secu	rities Ac	quire	ed, Di	sposed o	of, or Ben	neficially Owne	d			
1. Title of Security (Instr. 3)			2. Tr				3. Trans. Co (Instr. 8)	de			Following Reported Transaction(s) Instr. 3 and 4)			6. Ownership	7. Nature	
(msu. 3)							(msu. o)							Form:	Beneficial	
						-		1							Direct (D) or Indirect	Ownership (Instr. 4)
							C. I.	3.7		(A) or					(I) (Instr.	(
							Code	V	Amou	int (D)	Price				4)	
	Tab	la II Dari	vativa Saa	uwitios l	Dana	ficially	Owned (nute	aalla wa	unants d	options, conver	tible see	witios)		
Title of Derivate		3. Trans.	3A. Deemed	,		5. Numbe		· ·				Amount of		·	10.	11. Nature
Security	2. Conversion	Date	Execution	Code			er of e Securities	6. Date Exercisable and Expiration Date			Underlying	8. Price of Derivative	Number of derivative		of Indirect	
(Instr. 3) or Exerc			Date, if any	(Instr. 8)	1	Acquired (A) or Disposed of (D)					Derivative (Instr. 3 an					Beneficial Ownership
	Derivative Security				(Instr. 3,			(IIISti.			(msu. 5 an	id 4)	(msu. 5)	Owned	Security:	(Instr. 4)
								D.	F		Amount or			Direct (D) or Indirect		
				G. I.	17	(4)	(D)	Date Exerc	cisable	Expiration Date	Title	Number of Shares		Transaction(s)	(I) (Instr.	
Restricted Stock	(1)	2/10/2021		Code	V	(A)	(D)		(2)	(2)	Common			(Instr. 4)	4)	
Units	(1)	2/19/2024		A		8,05	54	1	(<u>2)</u>	<u>(2)</u>	Stock	8,054	\$0	8,054	D	

Explanation of Responses:

- (1) Restricted Stock Unit Award granted pursuant to the Company's Stock Plan.
- (2) Restricted Stock Unit Award vests in one-third (1/3) annual increments commencing on 2/19/2025.

Reporting Owners

reporting o where								
Donouting Orymon Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Pack Michael E								
C/O OSHKOSH CORPORATION			Exec VP and CFO					
1917 FOUR WHEEL DRIVE			Exec VP and CFO					
OSHKOSH, WI 54902								

Signatures

Ignacio A. Cortina, for Michael E. Pack

2/21/2024

**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.