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

OMB APPROVAL

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)				
Verich John S				OS	OSHKOSH CORP [OSK]							Oneck all app	olicable)	109/	o Owner	
(Last) (First) (Middle)					3. Date of Earliest Transaction (MM/DD/YYYY)							X_ Officer (give title below) Other (specify below)				
1917 FOUR WHEEL DRIVE					8/31/2023							SVP Corp Dev & Treasurer				
(Street)				4. I	f An	nendme	nt, Date (Origin	nal Fil	led (MM/I	DD/YYYY)	6. Individual or Joint/Group Filing (Check Applicable Line)				
OSHKOSH, WI 54902 (City) (State) (Zip)												X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
				lon-Der	ivati	ve Seci	urities Ac	quir	ed, D	isposed (of, or Be	neficially Owne	d			
1. Title of Security (Instr. 3)		ans. Date			3. Trans. Co (Instr. 8)	ode	4. Securities Acqu or Disposed of (D) (Instr. 3, 4 and 5))) ` ` `	5. Amount of Securit Following Reported (Instr. 3 and 4)				Beneficial Ownership		
						Code	v	Amou	nt (A) or (D)	Price			or Indire (I) (Inst 4)		(Instr. 4)	
Common Stock 8/31/20						M		40		\$66.89			3,450.494	D		
Common Stock 8/31/202						S		40	-	\$103.88			3,050.494	D		
Common Stock 8/31/20			1/2023			M		75	0 A	\$66.89			3,856.806 (1)	D		
	Tab	le II - Deri	vative Sec	curities l	Bene	ficially	Owned ((e.g.,	puts,	calls, w	arrants,	options, conver	tible secu	ırities)		
	2. Conversion or Exercise Price of Derivative Security	Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)	Derivativ Securitie		s Acquired isposed of		ate Exercisable and ration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following	Ownership of Form of Derivative (Security: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares		Reported Transaction(s) (Instr. 4)	or Indirect (I) (Instr. 4)	
Options (2)	\$66.89	8/31/2023		M			750		<u>3)</u>	11/21/2023	Commo Stock	n 750	\$0	400	D	
Options (2)	\$66.89	8/31/2023		M			400	C	3)	11/21/2023	Commo Stock	n 400	\$0	0	D	

Explanation of Responses:

- (1) 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 1,008.88 shares acquired under the Oshkosh Corporation Employee Stock Purchase Plan through 8/31/2023. Between 2/22/2023 and 8/31/2023, the reporting person acquired 21.55 shares under the Oshkosh Corporation Employee Stock Purchase Plan.
- (2) Option (right to buy) granted pursuant to the Company's Stock Plan.
- (3) Options vest in one-third (1/3) annual increments commencing on 11/21/2017.

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Verich John S 1917 FOUR WHEEL DRIVE			SVP Corp Dev & Treasurer				
OSHKOSH, WI 54902							

Signatures

Ignacio A. Cortina, for John S. Verich	9/5/2023
**C:	Doto

**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).

File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Note:

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.