## 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)				
Pack Micha	el E						H CORP					Director	,	10%	o Owner	
(Last	) (Firs	t) (Mic	ldle)	3.	3. Date of Earliest Transaction (MM/DD/YYYY)						)					
C/O OSHKOSH CORPORATION, 1917 FOUR WHEEL DRIVE					11/15/2023							Exec VP and	CFO			
(Street)				4.	4. If Amendment, Date Original Filed (MM/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				
		,	Table I - N	on-Dei	rivat	ive Sec	curities Ac	qui	red, Di	sposed o	f, or Ben	eficially Owne	d			
1. Title of Security (Instr. 3)			2. Trai	ns. Date	2A. Deeme Execution Date, if an		n (Instr. 8)		4. Securities Acquired (A Disposed of (D) (Instr. 3, 4 and 5)			Following Reported Transaction(s)  Ownership of Inc. Form: Benet Direct (D) Owner.		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	V	Amoun	(A) or (D)	Price				(I) (Instr. 4)	(msu: 1)
Common Stock 11/15/2023				5/2023			M		935.622	2 A	\$97.07 <sup>(1)</sup>			21,947.766	D	
Common Stock 11/15/202				5/2023			F		440	D	\$97.07			21,510.066 (2)	D	
	Tal	ole II - Deri	vative Sec	urities	Ben	eficiall	y Owned	(e.g.	, puts,	calls, wa	ırrants, o	options, conver	tible secu	ırities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date	3A. Deemed Execution Date, if any	4. Trans Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Date Exer I Expirati			Underlying Security	erlying Derivative urity 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	(1)	11/15/2023		M			935.622	11/	15/2023	<u>(3)</u>	Commor Stock	935.622	\$0	936.65	D	

### **Explanation of Responses:**

- (1) Each Restricted Stock Unit represents a contingent right to receive one share of OSK common stock.
- (2) Amount includes a total of 1,144.67 shares acquired under the Oshkosh Corporation Employee Stock Purchase Plan through 11/16/2023. Between 10/17/2023 and 11/16/2023, the reporting person acquired 2.3 shares under the Oshkosh Corporation Employee Stock Purchase Plan.
- (3) Restricted Stock Unit Award vests in one-third (1/3) annual increments commencing on 11/15/2022.

#### **Reporting Owners**

Donostino Ovymon Nomo / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Pack Michael E C/O OSHKOSH CORPORATION 1917 FOUR WHEEL DRIVE OSHKOSH, WI 54902			Exec VP and CFO				

### **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.