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)					
Pfeifer John	C			O	SH	IKOSI	H CORP	[0)SK]				,	100	/ O	
(Last) (Firs	t) (M	iddle)	3.	3. Date of Earliest Transaction (MM/DD/YYYY))	X Director 10% Owner X Officer (give title below) Other (specify below)					
C/O OSHKOSH CORPORATION, 1917 FOUR WHEEL DRIVE				917	4/2/2024								President & C		v)O	ici (specify	ociow)
	(Str	eet)		4.	IfA	Amendm	ent, Date C	rigi	nal Fi	led (MN	И/DI	D/YYYY)	6. Individual o	or Joint/G	roup Filing	(Check Appl	icable Line)
OSHKOSH,	WI 5490	02											X Form filed by		ting Person One Reporting F	lerson	
(0	City) (St	ate) (Zi	p)										Torin fried by	Wiore man	one Reporting I	CISOII	
			Table I -	Non-De	eriva	ative Se	curities Ac	quir	red, D	ispose	d o	f, or Be	neficially Owne	d			
1. Title of Security (Instr. 3)			2. T	2. Trans. Date		te 2A. Deemed Execution Date, if any 3. Trans. Coo		de 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)					Following Reported Transaction(s) (Instr. 3 and 4) Ownership Form: Beneficia Direct (D) Ownersh			Beneficial Ownership	
							Code	V	Amo		() or D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock 4/2/2024				/2/2024			M		3,660.	055	A	<u>(1)</u>			77,963.34 ⁽²⁾	D	
Common Stock			4	/2/2024			F		1,	721	D	\$123.3			76,242.34	D	
	Tal	ble II - De	rivative Se	ecurities	s Bei	neficiall	ly Owned ((e.g.,	, puts	, calls,	wa	rrants,	options, conver	tible secu	ırities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)		Derivativ Acquired Disposed	Number of erivative Securities equired (A) or isposed of (D) astr. 3, 4 and 5)		6. Date Exercisable and Expiration Date				Underlying Security	lying Derivative		Ownership Form of Derivative	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security			Code	V	(A)	(D)	Date Exer	e rcisable	Expirati Date	ion	Title	Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	or Indirect	
Restricted Stock Units	(1)	4/2/2024		M			3,660.055	4/2	/2024	(3)		Commor Stock	3,660.055	\$0	3,660.055	D	

Explanation of Responses:

- (1) Restricted Stock Unit Award granted pursuant to the Company's Stock Plan.
- (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 4/2/2022.

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Pfeifer John C C/O OSHKOSH CORPORATION 1917 FOUR WHEEL DRIVE OSHKOSH, WI 54902	X		President & CEO				

Signatures

	<u></u>
**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.