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.

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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 and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Johnson James W.					OSHKOSH CORP [OSK]							,	100	0			
(Last) (First) (Middle)				3.	3. Date of Earliest Transaction (MM/DD/YYYY)							Director 10% Owner Officer (give title below) X Other (specify below)					
C/O OSHKOSH CORPORATION, 1917 FOUR WHEEL DRIVE					8/31/2023							Exec VP & Pi	res., Voca	tional			
(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 -	- Non-De	erivat	ive Sec	urities Ac	quir	ed, D	ispose	d o	f, or Ber	neficially Owne	d			
(Instr. 3)				Trans. Date					Following Reported				of Indirect Beneficial Ownership				
				8/31/2023	22		Code M	V	Amou 7,00	int (I))	Price \$66.09	54,308,799		4) D		
				8/31/2023			S		7,00			\$104.34	47,439.469 (1)			D	
	Tab	le II - Deri	vative S	Securities	Ben	eficiall	y 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 Security	exercise te of ivative Date Execution Date,			Derivative Securities (A) or D (D)				Date Exercisable and iration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following	Security: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	· V	(A)	(D)	Date Exerc	cisable	Expirat Date	ion	Title	Amount or Number of Shares		Reported Transaction(s) (Instr. 4)	or Indirect (I) (Instr. 4)	
Options (2)	\$66.09	8/31/2023		M			7,000)	(<u>3)</u>	11/19/2	028	Common Stock	7,000	\$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 873.42 shares acquired under the Oshkosh Corporation Employee Stock Purchase Plan through 8/31/2023. Between 2/22/23 and 8/31/2023, the reporting person acquired 24.09 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 11/19/2019.

Reporting Owners

reporting Owners								
Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Johnson James W.								
C/O OSHKOSH CORPORATION				Exec VP & Pres., Vocational				
1917 FOUR WHEEL DRIVE				Exec vr & rres., vocational				
OSHKOSH, WI 54902								

Ignacio	A. Cort	ina, for	Jan	nes W. Jol	nnson	9/5/2023
	**			_		

-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.

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.