

[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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

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)					
Radue Mark M					OSHKOSH CORP [OSK]							Dir	ector		10	% Owner		
(Last) (First) (Middle)				3.	3. Date of Earliest Transaction (MM/DD/YYYY)								X Officer (give title below) Other (specify below)					
C/O OSHKOSH CORPORATION, 2307						11/20/2017								EVP Chief Strategy Officer				
OREGON S		111 0111	11011,	2007														
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)							6. Indivi	6. Individual or Joint/Group Filing (Check Applicable Line)					
OSHKOSH, WI 54902													X Form filed by One Reporting Person					
(City) (State) (Zip)													Form filed by More than One Reporting Person					
			Table I .	- Non-De	rivat	tive Sec	urities Ac	anir	ed. Di	isnosed o	ıf. or Re	eneficially	Own	ed				
			Trans. Date	2A. I Exec		3. Trans. Co (Instr. 8)				ired (A)	<u> </u>		ities Beneficially Owned		Form:	Beneficial		
							Code	V	Amou	(A) or (D)	Price					Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock 11/21/2017				1/21/2017			M		908.23	38 A	<u>(1)</u>	47677.692			D			
Common Stock 11/21/2017				1/21/2017			F		451	151 D \$86.23 47226.692					D			
	Tab	ole II - Deri	ivative S	ecurities	Ben	eficially	Owned (e.g.	, puts	, calls, w	arrants	, options,	conv	ertible sec	curities)			
1. Title of Derivate Security (Instr. 3)	Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Deeme Execution Date, if an		Derivative		e Securities (A) or of (D)	6. Date Exercisable and Expiration Date		Securitie	Underlying e Security			9. Number of derivative Securities Beneficially Owned	10. Ownership Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
	Security			Code	V	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount Number Shares			Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)		
Options (2)	\$86.59	11/20/2017		A		3375			<u>(3)</u>	11/20/2027	Commo Stock	1 11/	5	\$0	3375	D		
Restricted Stock Units	<u>(4)</u>	11/20/2017		A		2100			<u>(5)</u>	<u>(5)</u>	Commo	on 2100 S0 2100		D				
Restricted Stock Units	<u>(1)</u>	11/21/2017		М			908.238	11/2	1/2017	<u>(6)</u>	Commo Stock	on 908.2	38	\$0	1816.475	D		

Explanation of Responses:

- (1) Each Restricted Stock Unit represents a contingent right to receive one share of OSK common stock.
- (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 11/20/2018.
- (4) Restricted Stock Unit Award granted pursuant to the Company's Stock Plan.
- (5) Restricted Stock Unit Award vests in one-third (1/3) annual increments commencing on 11/20/2018.
- (6) Restricted Stock Unit Award vests 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					
Radue Mark M C/O OSHKOSH CORPORATION 2307 OREGON STREET OSHKOSH, WI 54902			EVP Chief Strategy Officer						

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.