Edgar Filing: Metcalf-Kupres Kimberley - Form 4

-	res Kimberley												
Form 4													
February 13,	2018												
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL				
	UNITED	SIAIES						NGE C	OMMISSION	OMB	3235-0287		
Check this box				shington, D.C. 20549						Number:	January 31,		
if no long		AENT O	F CHAN	GES	GES IN BENEFICIAL OWNERSHIP OF					Expires: 20			
subject to Section 1)			SECURITIES						Estimated average			
Form 4 or		SECON									burden hours per response 0.5		
Form 5	Filed put	rsuant to S	Section 1	6(a) of	f the	e Securit	ies E	xchang	e Act of 1934,		0.0		
obligation may cont		(a) of the	Public U	tility H	Iold	ling Con	npany	y Act of	1935 or Section	ı			
See Instru		30(h)	of the In	vestm	ent	Compan	y Ac	t of 194	0				
1(b).													
	, ,												
(Print or Type F	(esponses)												
1. Name and A	ddress of Reporting	Person *	2 Issue	r Nama	and	Ticker or	Tradia	na	5. Relationship of	Reporting Pers	son(s) to		
1. Name and Address of Reporting Person * 2. Issuer Metcalf-Kupres Kimberley Symbol				er Name and Ticker or Trading					Issuer				
-	•		-	OSH CORP [OSK]									
(Last)	(First) (Middle)	3. Date of						(Checl	k all applicable	:)		
(Last)	(1131)	(induic)	(Month/E			ansaction			_X_ Director	10%	Owner		
C/O OSHKOSH 02/12/20									Officer (give title Other (specify				
CORPORA	TION, 2307 ORI	EGON							below)	below)			
STREET													
	(Street)		4. If Ame	ndment	, Da	te Origina	1		6. Individual or Jo	int/Group Filin	g(Check		
			onth/Day/Year)					Applicable Line)					
									X Form filed by C Form filed by M				
OSHKOSH,	, WI 54902								Person		porting		
(City)	(State)	(Zip)	Tabl	e I - No	on-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Dat	e 2A. Deer	med	3.		4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of		
Security (Month/Day/Year) Execution Date, i			n Date, if						Securities	Form: Direct (D) or			
(Instr. 3)		any (Month/Day/Year)				(Instr. 3,	4 and	5)	Beneficially Owned	Beneficial Ownership			
									Following	Indirect (I) Owne (Instr. 4) (Instr.			
							(A)		Reported				
							or		Transaction(s) (Instr. 3 and 4)				
C				Code	V	Amount	(D)	Price	(mout, 5 and 4)				
Common Stock	02/12/2018			А		16.23 (1)	А	\$ 86.15	5,838.96	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	7. Titl Amou Under Secur (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Metcalf-Kupres Kimberley C/O OSHKOSH CORPORATION 2307 OREGON STREET OSHKOSH, WI 54902	Х						
Signatures							
Ignacio A. Cortina, for Kimberley Metcalf-Kupres		0	02/13/2018				
** Signature of Reporting Person			Date				
Explanation of Responses:							

* 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).

(1) Represents stock units payable in Oshkosh Corporation common stock acquired in accordance with the dividend reinvestment feature of the Oshkosh Corporation Deferred Compensation Plan for Directors and Executive Officers.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.