## Edgar Filing: OMTVEDT CRAIG P - Form 4

OMTVEDT	CRAIG P										
Form 4											
May 15, 2013	8										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB AF	OMB APPROVAL		
<b>CUNIVI 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287			
Check thi									Expires:	January 31,	
if no longer subject to Section 16. Section 16.				GES IN BENEFICIAL OWNERSHIP OF SECURITIES				Estimated average			
Form 4 or									burden hours per response 0.5		
Form 5	Filed put	rsuant to S	Section 1	6(a) of the	e Securit	ies E	xchang	e Act of 1934,			
obligatior may conti		(a) of the	Public U	tility Hold	ling Con	ipany	y Act of	1935 or Section	n		
See Instru		30(h)	of the In	vestment	Compan	y Ac	t of 194	0			
1(b).											
(Print or Type R	Responses)										
				r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
	cidiidi		Symbol	OSH COR	DIOCK	1					
- ·					L .			(Chec	k all applicable	)	
(Last)	(First) (	Middle)		f Earliest Tr	ansaction			V D'	100	0	
C/O OSHKOSH 05/14/20				-				X_ Director 10% Owner Officer (give title Other (specify			
	ΓΙΟΝ, 2307 ORI	EGON	03/14/2	010				below)	below)		
STREET		20011									
	(Street)		4 If Ame	ndmant Do	te Origina	1		6 Individual or Io	int/Group Filin	g(Chaolz	
	(Succe)			endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
Filed(Moli			(III/Day/Teal)				_X_ Form filed by One Reporting Person				
OSHKOSH,	WI 54902							Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date			3.	4. Securi			5. Amount of	6. Ownership		
Security (Instr. 3)	(Month/Day/Year)	Executio any	on Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)					Securities Beneficially	Form: Direct (D) or	Indirect Beneficial	
(1150.5)		Day/Year) (Instr. 8)			Owned	· · /	Ownership				
								Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
				Cod V	<b>A</b>	or	D. '	(Instr. 3 and 4)			
Common				Code V		(D)	Price \$				
Stock	05/14/2018			А	3.8 <u>(1)</u>	А	74.77	30,062.94	D		
Storn							,,				

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)

## Edgar Filing: OMTVEDT CRAIG P - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
reporting of the raine ( radies)	Director	10% Owner	Officer	Other			
OMTVEDT CRAIG P C/O OSHKOSH CORPORATION 2307 OREGON STREET OSHKOSH, WI 54902	Х						
Signatures							
Ignacio A. Cortina, for Craig P. Omtvedt		05/15/2018	8				
**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.