Edgar Filing: NEWLIN STEPHEN D - Form 4

NEWLIN ST	FEPHEN D										
Form 4											
November 2	1, 2018										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								MB APPROVAL			
	UNITE	DSTATES					NGE C	COMMISSION	ONIB	3235-0287	
Check this box				snington,	on, D.C. 20549				Number:	January 31,	
if no long		EMENT O	F CHAN	GES IN	BENEF	ICIA	LOW	NERSHIP OF	Expires:		
subject to Section 1)			GES IN BENEFICIAL OWNE					Estimated average burden hours per response 0.5		
Form 4 o											
Form 5	Filed	pursuant to	Section 1	6(a) of the	e Securit	ies E	xchang	e Act of 1934,			
obligation may cont		17(a) of the	Public U	tility Holo	ling Con	npan	y Act of	f 1935 or Section	n		
See Instru		30(h)	of the In	vestment	Compan	y Ac	t of 194	40			
1(b).											
(Drint or Tune I											
(Print or Type F	(xesponses)										
1. Name and A	ddress of Report	ing Person *	2 Issue	r Name and	Ticker or	Tradi	na	5. Relationship of	Reporting Pers	son(s) to	
1. Name and Address of Reporting Person *2. IssuNEWLIN STEPHEN DSymbol				uer Name and Ticker or Trading				Issuer			
			-	OSH COR	P [OSK	1					
(Last)	(First)	(Middle)		f Earliest Tr		•		(Chec	k all applicable	;)	
(Lust)	(Thist)	(influence)	(Month/E		ansaction			X Director	10%	Owner	
C/O OSHKOSH 11/19/2			-				Officer (give titleOther (specify				
CORPORA	TION, 2307 C	REGON						below)	below)		
STREET											
	(Street)		4. If Ame	ndment, Da	te Origina	1		6. Individual or Jo	oint/Group Filir	g(Check	
			Month/Day/Year)				Applicable Line)				
								_X_Form filed by C	One Reporting Pe Iore than One Re		
OSHKOSH,	, WI 54902							Person		porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Aco	uired, Disposed of	or Beneficial	lv Owned	
1.Title of	2 Transaction I	Data 24 Daa					-	5. Amount of		•	
Security	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if			3. 4. Securities Acquired Transaction(A) or Disposed of (D)				Securities	6. Ownership Form: Direct		
(Instr. 3)	`` `	any		Code	(Instr. 3,	-		Beneficially		Beneficial	
(Month/			Day/Year) (Instr. 8)					Owned Following	Indirect (I) (Instr. 4)) Ownership (Instr. 4)	
								Reported	(111501.4)	(1150.4)	
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	11/19/2018			А	56.38 (1)	А	\$ 66.09	17,056.54	D		
20001					_		00.07				

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: NEWLIN STEPHEN D - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (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	Amou Under Secur	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						
Toporting of the Finner (Thur out	Director	10% Owner	Officer	Other			
NEWLIN STEPHEN D C/O OSHKOSH CORPORATION 2307 OREGON STREET OSHKOSH, WI 54902	Х						
Signatures							
Ignacio A. Cortina, for Stephen D. Newlin		11/21/20	18				
**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.