Edgar Filing: OSHKOSH TRUCK CORP - Form 4

OSHKOSH 7	TRUCK CORI	Р										
Form 4												
April 13, 200)6											
FORM	4						NOLO		OMB AF	OMB APPROVAL		
	UNITE	D STATES					NGE C	COMMISSION	OMB Number:	3235-0287		
Check thi	is box		was	snington,	shington, D.C. 20549					January 31,		
if no longer subject to STATEMENT OF CHAN									Expires:	2005		
				GES IN BENEFICIAL OWNE. SECURITIES				ALISIII OF	Estimated average burden hours per response 0.4			
Form 4 or					SECURITIES							
Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							response	0.5		
obligation	ns Section 1						-	1935 or Section	n			
may cont See Instru	inue.			vestment	•	· ·						
1(b).	io tion				-	-						
(Print or Type F	Responses)											
1 37 1 4		ъ *						5 5 1 2 12 6	D D			
			er Name and Ticker or Trading OSH TRUCK CORP [OSK]				5. Relationship of Reporting Person(s) to Issuer					
Symbol												
USHKU							(Check all applicable)					
(Last)	(First)	(Middle)		f Earliest Tr	ansaction							
C/O OSHKOSH TRUCK (Month/D 04/12/2(-				X_ Director 10% Owner Officer (give title Other (specify				
	TION, 2307 O	REGON	04/12/2	006				below)	below)	in (speen)		
STREET	1101, 2307 0	KLOON										
STILLT	(Cture et)		4 10 4	1					·	(6) 1		
	(Street)			ndment, Date Original				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 				
Filed(Mon			Iui/Day/Tear)								
OSHKOSH,	, WI 54902							Form filed by M Person				
(City)	(State)	(Zip)			• .•	~	••					
(;)	(2)	(Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of		2. Transaction Date 2A. Deemed					cquired	5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Ye	Month/Day/Year) Execution Date, if any			on(A) or Di (Instr. 3.	-		Securities Beneficially	Form: Direct Indir (D) or Bene	Beneficial		
(Month/Day/Year)			Code (Instr. 3, 4 and 5) (Instr. 8)				Owned		Ownership			
							Following	(Instr. 4)	(Instr. 4)			
						(A)		Reported Transaction(s)				
				Code V	A	or	Deine	(Instr. 3 and 4)				
Common				Code V	Amount 12.11	(D)	Price \$					
Stock	04/12/2006			А	(1)	А	φ 61.93	3,521.62	D			
Stoon					_		01.75					

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)	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		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			
MEDVIN HARVEY N C/O OSHKOSH TRUCK CORPORATION 2307 OREGON STREET OSHKOSH, WI 54902	Х						
Signatures							
Bryan J. Blankfield, for Harvey N. Medvin	04/13	6/2006					
**Signature of Reporting Person	Da	ite					

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 Truck Corporation Common Stock following cessation of the Reporting Person's service as a director in accordance with the Oshkosh Truck 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.