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DOVER Con	rp										
Form 4											
March 12, 20	015										
									OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check th				8 /					Expires:	January 31,	
if no long		MENT O	F CHAN	GES IN	BENEF	ICIA	LOWN	VERSHIP OF	20		
	subject to Section 16. SECURITIES								Estimated average burden hours per		
	Form 4 or								response	0.5	
Form 5	Filed p	ursuant to	Section 1	6(a) of th	e Securi	ties E	Exchange	e Act of 1934,	reepeneen	0.0	
obligatio	ns Section 1'						•	1935 or Section	1		
may cont See Instr	unue.			vestment	•	-	•				
1(b).	uetion				•	•					
(Print or Type]	Responses)										
1 Name and A	Address of Reportin	og Person *	2 Issue	r Name and	Tieker or	Tradi	ng	5 Relationship of	Reporting Person(s) to		
Zhang Mich		.g - •10011 _	Symbol			TTau	ng	Issuer			
8			•	Corn IT	\mathbf{OV}						
			DOVER Corp [DOV]					(Check all applicable)			
				3. Date of Earliest Transaction							
	D		(Month/E	•				Director X Officer (give	title 0% Owner		
C/O DOVE			03/10/2	015				below)	below)		
CORPORATION, 3005 Vi						ce President					
HIGHLAN	D PARKWAY										
			4. If Ame	4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
			Filed(Mor								
_X_Form filed by O								One Reporting Person lore than One Reporting			
DOWNERS	5 GROVE, IL 6	0515						Person		porting	
(City)	(State)	(Zip)	Tabl	le I - Non-E	Derivative	Secu	rities Acqu	uired, Disposed of,	, or Beneficiall	y Owned	
1.Title of	2. Transaction Da	ate 2A. Deer	ned	3.	4. Securi	. Securities Acquired		5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year	r) Execution	n Date, if	Transaction(A) or Disposed of (D)				Securities	Ownership	Indirect	
(Instr. 3)		any		Code (Instr. 3, 4 and 5)			5)	Beneficially	Form: Direct		
		(Month/I	Day/Year)	(Instr. 8)				Owned Following	(D) or Indirect (I)	Ownership (Instr. 4)	
								Reported	(Instr. 4)	(11150.4)	
						(A)		Transaction(s)	(
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common						. /	\$				
Stock	03/10/2015			F	101 <u>(1)</u>	D	ф 70.595	8,232.6697	D		
							. 0.070			D (01/1)	
Common								1,404	Ι	By 401(k)	
Stock										Plan	

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.

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne 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							
	Director	10% Owner	Officer	Other				
Zhang Michael C/O DOVER CORPORATION 3005 HIGHLAND PARKWAY DOWNERS GROVE, IL 60515			Vice President					
Signatures								
/s/ Michael Y. Zhang by Kathryn Attorney-in-fact	03/12/2015							
<u>**</u> Signature of Reportir	ng 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) Shares withheld for taxes upon vesting of 323 restricted stock units granted on March 10, 2014.

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.

Date