FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* MAXWELL MARTIN C | | | | | 2. Issuer Name and Ticker or Trading Symbol PARKER HANNIFIN CORP [PH] | | | | | | | | 5. Relationship of Reporting (Check all applicable) Director | | | 10% Owner | | |
|---|--|------------|---|-------------------------------|---|----|---|--------|-----------------|---|--------------------|--|--|--|--|---|--|---|
| | | ORPORATION | /liddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 12/10/2013 | | | | | | | | X | Officer (gi below) | | Other (spe below) - CTIO | | specify |
| 6035 PARKL | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | |
| (Street) CLEVELANI | О ОН | 4 | 4124-4141 | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (State |) (Z | ľip) | | | | | | | | | | | | | | | |
| | | T | able I - No | n-Deri | ivative | Se | curitie | es Acc | uired, | Dis | posed of, | or Benef | icially Ow | ned | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | s Acquired (A) f (D) (Instr. 3, | | Beneficially O | | Owned cor Indi | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code V Amoun | | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock | | | | | | | | | | | | | | 4,338.768 | | I | | Parker Retirement Savings Plan |
| Common Stock 12/10 | | | | |)/2013 | | M | | 14,400 | A | \$60.9334 | 41,069 | | D | | | | |
| Common Stock 12/ | | | 12/10 | 0/2013 | | | F | | 10,608 | D | \$119.91 | 30,461 | | | D | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Execution I Gecurity (Instr. or Exercise (Month/Day/Year) if any | | | 3A. Deemed Execution Da if any (Month/Day/ | ate, Transaction Code (Instr. | | | | | | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Followin Reported | re es ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) |
| | | | | C | ode \ | , | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s (Instr. 4) | | | |
| Option to Buy with Tandem Stock Appreciation Right | \$60.9334 | 12/10/2013 | | | М | | | 14,400 | 00 (1) | | 08/14/2017 | Common Stock | 14,400 | \$0 | 0 | | D | |
| Stock Appreciation Right | \$119.69 | 12/10/2013 | | | A | | 7,318 | | 12/10/ | 2014 | 08/14/2017 | Common Stock | 7,318 | \$0 | 7,31 | 8 | D | |

Explanation of Responses:

1. The option with tandem SAR vested in three equal annual installments beginning 8/15/2008.

Remarks:

Rhoda M. Minichillo, Attorney-in-Fact 12/12/2013

** Signature of Reporting Person

Date

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

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.

 $^{^{\}star}$ 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).