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

Name and Address of Reporting Person      Greco John R						2. Issuer Name <b>and</b> Ticker or Trading Symbol PARKER HANNIFIN CORP [ PH ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Last) PARKER-HAI	(First)	(M ORPORATION	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 08/05/2016									Officer (g below)  VP, P					
6035 PARKLAND BOULEVARD					4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person					
(Street) CLEVELAND	ОН	44	44124-4141									Form filed by More than One Reporting Person								
(City)	(State)	(Z	ip)																	
		Ta	able I - I	Non-De	rivativ	e Se	curiti	es Ac	quir	ed, Di	sposed of	, or Ber	efic	ially Ow	ned					
Date				2. Transac Date (Month/Da	Execution D y/Year) if any			cution Date,		ction Instr.	4. Securities Acquired (A) or Dis Of (D) (Instr. 3, 4 and 5)			isposed	5. Amount Securities Beneficially Following	y Owned Reported	Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount	(A) or (D)	Price	1	Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common Stock															5,970.361			I	Parker Retirement Savings Plan	
Common Stock 08/0						2016					6,043	Α	\$	114.38	18,519			D		
Common Stock 08/05						.016			F		5,820 D \$12		120.95	12,699		D				
Common Stock 08/05					2016				S		223	D	\$12	1.0075(1)	12,476		D			
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)	Conversion Date Execution Date,		n Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration D (Month/Day/		/Year) Derivative Securit 3 and 4)		rlying rity (Instr.	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transact	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Dat Exe	e rcisable	Expiration Date	oi N		Amount or Number of Shares		(Instr. 4)				
Stock Appreciation Right	\$114.38	08/05/2016			M			6,043	01/	27/2015	08/14/2017	Common Stock		6,043	\$0 0			D		

## Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from 120.997 to 121.011, inclusive. The reporting person undertakes to provide to Parker Hannifin Corporation, any security holder of Parker Hannifin Corporation or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in Footnote 1 to this Form 4.

## Remarks:

Rhoda M. Minichillo, Attorney-in-Fact 08/08/2016

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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).

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.