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* BOHN ROBERT G | | | | | | 2. Issuer Name and Ticker or Trading Symbol PARKER HANNIFIN CORP [PH] | | | | | | | | | 5. Relationship of Reporting Person(s) to Check all applicable) X Director 1 | | | | vner |
|--|--|--|---|------|---------------------------------|---|---|---------------------------------|------------------|----------------|--|---------------|-------------------------|---|---|---|---|--|--|
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/26/2016 | | | | | | | | | Officer (g below) | give title | | Other (specify below) | |
| N2370 20TH DRIVE | | | | | 4. If A | 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) WAUTOMA | WI | 54 | 982 | | | | | | | | | | | | Form file | d by More | than C | one Reportin | g Person |
| (City) | (State) | (Zi _l | o) | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| Date | | | | | h/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | ties Acquired (A) or I Of (D) (Instr. 3, 4 ar | | | 5. Amount Securities Beneficiall Following | y Owned Reported | Form | nership : Direct (D) direct (I) : 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount (A) (C) | | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 10/2 | | | | | | /26/2016 | | | A | | 1,130 | 0 | A | \$0 | 9,174(1) | | | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/ | ate, | 4. Transac Code (In 8) | nsaction de (Instr. Securitie Acquirer or Dispo (D) (Instrand 5) | | ive ies ed (A) osed of | | | e Securities Derivative (Instr. 3 an | | urities Un vative Se | derlying curity) Amount or | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | | Number of Shares | | | | | |

Explanation of Responses:

1. Includes 26 shares acquired pursuant to a dividend reinvestment feature of the Parker-Hannifin Corporation Amended and Restated 2009 Omnibus Stock Incentive Plan.

Remarks:

Joseph R. Leonti, Attorney-in-Fact 10/27/2016

** Signature of Reporting Person

Date

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

- * 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.