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

| ELINE WILLIAM G | | | | | PA | 2. Issuer Name and Ticker or Trading Symbol PARKER HANNIFIN CORP [PH] | | | | | | | | | ationship of R all applicabl Director | | Person(| (s) to Issuer | | |
|--|--|-----|--|------------|---------|---|--|--|---|--|---|------------|---|--|--|---|---------------------|--|--|--|
| (Last) | (First) | , | ddle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/09/2017 | | | | | | | | | Officer (give title below) | | ormati | Other (specify below) | | |
| PARKER-HANNIFIN CORPORATION 6035 PARKLAND BOULEVARD | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | VP- Chief Information Officer Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) | ОН | 44 | 124-4141 | | | | | | | | | | | | | , | • | ne Reportir | ng Person | |
| (City) | (State) | (Zi | o) | | | | | | | | | | | | | | | | | |
| | | Та | ble I - No | n-Der | ivativ | _ | | | uired, | Disp | osed of, | or | Benefi | cially Ow | /ned | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/ | | | | | ar) | Execution if any | A. Deemed xecution Date, any //onth/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | | | (A) or (D) | Price | (Instr. 3 and 4) | | | (instr. 4) | | |
| Common Stock | | | | | | | | | | | | | | | 926.5 | 44 | | I | Parker Retirement Savings Plan | |
| Common Stock 05/09 | | | | 9/2017 | | | | S | | 1,559 D \$1 | | \$159.08 | 12,313 | | | D | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Exercise (Month/Day/Year) if an | | | 3A. Deemed Execution D if any (Month/Day/ | tion Date, | | 4. Transaction Code (Instr. B) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercis Expiration Dat (Month/Day/Ye | | Sec Der | Title and A curities Un rivative Se str. 3 and 4 | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | V (A) (D) | | | | Expiration Date | oiration 0 | | Amount or Number of Shares | (Instr. | | | | | | |

Explanation of Responses:

Remarks:

Joseph Leonti, Attorney-in-Fact 05/12/2017

** 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.