SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations Ш 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 [*] Chung Yoon Michael | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>PARKER HANNIFIN CORP</u> [PH] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
|--|--|-----|---------|---|---|---------------------------------------|---|-------------------------------|---|---|-------|--|--|--|--|--|---|--|--|
| (Last) (First) (Middle) PARKER-HANNIFIN CORPORATION | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/17/2017 | | | | | | | | X | Officer (give title | | | Other (specify below) | | |
| 6035 PARKLAND BOULEVARD (Street) CLEVELAND OH 44124-4141 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv | lividual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (State) | (Zi | ip) | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | te Ex onth/Day/Year) if a | | Date, | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Dis Of (D) (Instr. 3, 4 and 5) | | | posed 5. Amount of Securities Beneficially C Following Rej Transaction(s | | y Owned Reported | 6. Own Form: I (D) or I (I) (Inst | Direct Indirect tr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | Code | v | Amount | (A) or (D) | Price | | (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common Stock | | | | | | 6,41 | | 6,410 |).039 | | I | Parker Retirement Savings Plan | | | | | | | |
| Common Stock 11/17/2 | | | | | 2017 | 017 | | S | | 3,950 | D | \$182.1457(1) | | 16,465 | | | D | | |
| | | | Table I | | | | | | | posed of, o convertible | | | Owne | ed | | | | | |
| 1. Title of Derivative Security (Instr. 3) | ve Conversion Date Execution Date, (Instr. 3) or Exercise (Month/Day/Year) if any | | | ransaction Derivative ode (Instr. Securities | | Expiration (Month/Da A) d of | | n Date Secu Ny/Year) Deriv | | 7. Title and Amount of Securities Underlying Derivative Security Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) Beneficia Owned Following Reported | | e i s i lly i g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

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 \$182.1447 to \$182.15, 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.

(D)

Date

Exercisable

Expiration

Title

Date

Remarks:

| Kelley B. Standard, Attorney-in- | 11/27/2017 |
|----------------------------------|------------|
| Fact | 11/2//2017 |
| | |

** Signature of Reporting Person

Amount

Number

of Shares

or

Date

Reported Transaction(s)

(Instr. 4)

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).

Code v (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.

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