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 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 [*] Bowman William R | | | | 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 | | | | |
|--|---------|-----------|--------------------------------------|---|---|---|--------|--------------------------------------|--------|------------------|---|---|---|--|--|
| I | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/12/2019 | | | | | | | Officer (give title below) VP & Pres -Ins | Other | (specify) | | |
| 6035 PARKLAND BOULEVARD | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | |
| (Street) CLEVELAND | ОН | 44124 | | | | | | | | | | Form filed by One Reporting Person Form filed by More than One Reporting P | | | |
| (City) | (State) | (Zip) | | | | | | | | | | | | | |
| | | Table I - | Non-Deriv | vativ | e Securities A | cquire | d, D | isposed of, | or Ber | neficially Ov | vned | | | | |
| Date | | | 2. Transactic Date (Month/Day/ | | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities A Of (D) (Instr. 3, | | A) or Disposed | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | Amount | t (A) or Price | | (Instr. 3 and 4) | | | | | |
| | | | | | | | | | | | | | Parker | | |

Common Stock

Common Stock

S Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

830

D

\$182.6875⁽¹⁾

(e.g., puts, calls, warrants, options, convertible securities)

| | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | | Transaction Code (Instr. 8) | | Derivative | | Expiration Date (Month/Day/Year) | | Securities Underlying | | Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
|--|---|--|--|-----------------------------------|---|------------|-----|-------------------------------------|--------------------|-----------------------|-------------------------------------|--------------------------------------|--|--|---------------------------------------|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (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 \$182.67 to \$182.73, 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:

| /s/Kelley B. Standard, Attorney- | 09/13/2019 |
|----------------------------------|------------|
| in-Fact | 09/13/2019 |

** Signature of Reporting Person

Date

10,131.82

2,412

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).

09/12/2019

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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Retirement

Savings Plan

T

D