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 * HIEMSTRA MICHAEL J | | | | | 2. Issuer Name and Ticker or Trading Symbol PARKER HANNIFIN CORP [PH] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
|--|--|------------|----------------|---|---|--|--|-------|--|-------------------|--|--|---|---|--|---|--|--|--|--|
| | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/07/2002 | | | | | | | | Officer (give title below) Former Exec VP and CFO | | | | | | | | |
| (Street) CLEVELANI (City) | O OH (State | | 44124 (Zip) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv | dividual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Т | able I - Nor | n-Deriv | ative | e Se | curitie | s Acq | uired, C |)isp | osed of | , or Be | enefic | ially Ow | ned | | | | | |
| Date | | | | | nsaction | | Execution Date, if any | | 3. Transaction Code (Instr. 8) | | | | | 5. Amount Securities Beneficially Following I | y Owned Reported | Form | : Direct (D) lirect (I) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | Code | v | Amount | Amount (A) or (D) | | Price | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | |
| | 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) | erivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | Cod | Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficia Owned Following Reported | e s lly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | Cod | e V | , | (A) | (D) | Date Exercisab | | xpiration ate | Title | | Amount or Number of Shares | | Transaction(s (Instr. 4) | | | | |
| Option to Buy | \$39.84 | 08/07/2002 | | A | | V | 34,850 | | 08/07/200 | 3 0 | 8/06/2012 | Comr | | 34,850 | (1) | 34,850 | (2) | D | | |
| Option to Buy | \$39.84 | 08/07/2002 | | A | | v | 34,850 | | 08/07/200 | 4 0 | 8/06/2012 | Comr | | 34,850 | (1) | 34,850 | (2) | D | | |

Explanation of Responses:

- $1.\ Granted\ under\ the\ Corporation's\ 1993\ Stock\ Incentive\ Program\ in\ a\ transaction\ exempt\ under\ Rule\ 16b-3.$
- 2. In addition to the options reported hereon, Mr. Hiemstra owns 137,034 additional options which were granted pursuant to the Corporation's 1993 Stock Incentive Program, at various exercise prices and expiration dates, as previously reported.

Remarks:

Thomas L. Meyer, Attorney-in-

Fact

** Signature of Reporting Person

08/08/2003 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.