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

| Name and Address of Reporting Person* SCAMINACE JOSEPH M | | | | | 2. Issuer Name and Ticker or Trading Symbol PARKER HANNIFIN CORP [PH] | | | | | | | | | | | nship of Reporting Per Il applicable) Director | | son(s) to Issuer | |
|--|---|--|--|---------|---|------|--|-------|--|------|---|--|---|----------------------------------|---|--|-----------------------|--|---|
| (Last) | (First) | (N | liddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 08/10/2005 | | | | | | | | | Officer (give title below) | | | Other (specify below) | | |
| OM GROUP, INC. 127 PUBLIC SQUARE, 1500 KEY TOWER | | | | | 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) CLEVELAND | ОН | 44 | 4114 | | | | | | | | | | | | Form file | d by More | than C | ne Reportin | g Person |
| (City) | (State) | | ip) | | | | | | | | | | | | | | | | |
| | | Ta | able I - Noi | n-Deriv | ative | e Se | curitie | s Acc | uired, l | Disp | osed of | f, or Bene | ficia | ally Ow | ned | | | | |
| Date | | | | | nsaction th/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year | | Transaction [Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a | | | | Securities Beneficially Following | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | lirect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | (A) or (D) | r F | Price | (Instr. 3 and | | | | (|
| 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 Date, if any (Month/Day/Year | 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 of derivative Securities Beneficially Owned Following Reported Transaction(s) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Coc | de | v | (A) | (D) | Date Exercisat | | Expiration Date | Title | o N | mount r lumber f Shares | | (Instr. 4) | on(s) | | |
| Option to buy | \$65.65 | 08/10/2005 | | A | A | | 2,750 | | (1) | 0 | 08/09/2015 | Common Stock | | 2,750 | \$0 ⁽²⁾ | 2,750 |) | D | |

Explanation of Responses:

- 1. The option vests in two equal installments on 8/10/2006 and 8/10/2007.
- 2. Granted under the Corporation's 2004 Non-Employee Directors' Stock Incentive Plan in a transaction exempt under Rule 16b-3.

Remarks:

Aarti P. Amin, Attorney-in-Fact 08/11/2005

** 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.