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 * ELINE WILLIAM G					2. Issuer Name <b>and</b> Ticker or Trading Symbol PARKER HANNIFIN CORP [ PH ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Last) PARKER-HAI	(First)	irst) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 08/13/2008													specify	
6035 PARKLAND BOULEVARD						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) CLEVELAND OH 44124					X Form filed by One Reporting Person Form filed by More than One Reporting Person													ng Person		
(City)	(State)	) (Z	ip)																	
		Ta	able I - No	n-Deri	ivativ	e Se	curitie	s Acq	uired, I	Disp	osed of	, or Be	nefic	ially Ow	/ned					
Date				2. Tran Date (Month		ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transact Code (In 8)			4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	Amount (A) or (D)			Price											
Common Stock															1,940.596		I		Parker Retirement Savings Plan	
Common Stock															3,98	1		I	Lee Ann J. Eline Revocable Trust	
Common Stock 08/1					13/2008				<b>A</b> <sup>(1)</sup>		4,484 A		<b>\$0</b> <sup>(1)</sup>	28,212		D				
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 Da if any (Month/Day/Y	ate, T	Code (Instr.		5. Numb Derivative Securition Acquired or Disposof (D) (In 4 and 5)	6. Date Ex Expiration (Month/Da	n Date	Securities Underly		erlying	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio	es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership tt (Instr. 4)			
				С	ode	v	(A)	(D)	Date Exercisat		Expiration Date	Title		Amount or Number of Shares		(Instr. 4)				
Option to buy with tandem stock appreciation right	\$65.34	08/13/2008			A		9,300		(2)	0	08/12/2018	Comn Stoc		9,300	\$0 <sup>(3)</sup>	9,30	0	D		

## Explanation of Responses:

- $1.\ Award\ of\ restricted\ stock\ under\ the\ Corporation's\ 2003\ Stock\ Incentive\ Plan\ in\ a\ transaction\ exempt\ under\ Rule\ 16b-3.$
- $2.\ The\ option\ with\ tandem\ SAR\ vests\ in\ three\ equal\ installments\ on\ 8/13/2009,\ 8/13/2010\ and\ 8/13/2011.$
- 3. Granted under the Corporation's 2003 Stock Incentive Plan in a transaction exempt under Rule 16b-3.

## Remarks:

Joseph R. Leonti, Attorney-in-Fact 08/14/2008

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.