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 * KASHKOUSH MARWAN M | | | | | PAI | 2. Issuer Name and Ticker or Trading Symbol PARKER HANNIFIN CORP [PH] | | | | | | | | | itionship of R all applicabl Director | le) | Person | 10% O | % Owner | |
|--|---------|------------------|--|------------|------------|---|--|-----------------|--|--------------------|--|--------------------|-------------------------------------|---|---|----------------------|---|---------------------------------------|---|--|
| (Last) | (First) | (Mi | iddle) | | | Date of Earliest Transaction (Month/Day/Year) //30/2010 | | | | | | | X | below) | Officer (give title below) | | Other (specify below) | | | |
| PARKER-HANNIFIN CORPORATION | | | | | | | | | | | | | | | EVP-Sa | g/Operatio | ns | | | |
| 6035 PARKLAND BOULEVARD | | | | | 4. If A | 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) | | | | | | | | | | | | | | X | | • | • | ing Person Ine Reportir | na Person | |
| CLEVELAND | ОН | 44 | 44124-4141 | | | | | | | | | | | | 1 OIIII IIIek | a by More | , triair C | ле пероп | ig i erson | |
| (City) | (State) | (Zi _l | p) | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month// | | | | | /Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 at | | | | 5. Amount of Securities Beneficially Following R Transaction | Owned eported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) or (D) Prio | | Price | (Instr. 3 and | | | | (mou. 4) | |
| Common Stock | | | | | | | | | | | | | | | 3,404. | 602 | | I | Parker Retirement Savings Plan | |
| Common Stock 09/30 | | | | | 0/2010 | | F | | 4,573 D S | | \$70.955 | 21,862 | | | D | | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Security (Instr. 3) Conversion or Exercise (Month/Day/Year) if any | | | 3A. Deemed Execution D if any (Month/Day/ | Date, Tran | | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerci Expiration Da (Month/Day/Yo | | te Securities Unde | | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transact | e es ally g | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | Code V | | (A) | (D) | Date Exercis | able | Expiration Date | or Nun | | Amount or Number of Shares | (Instr. 4) | | | | | | |

Explanation of Responses:

Remarks:

Joseph R. Leonti, Attorney-in-Fact 10/04/2010

** 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.