Edgar Filing: PARKER HANNIFIN CORP - Form 4

| PARKER HA Form 4 | NNIFIN CORI | 2 | | | | | | | | | | |
|--|--|---|--|--|------------------------|--------|----------------|---|---|-----------|--|--|
| October 23, 2 | Л | | | | | | | | | PPROVAL | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | OMB Number: | 3235-0287 | | | | |
| subject to | | | | ANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | Expires: January 20 Estimated average | | | |
| Section 16 Form 4 or Form 5 obligation: may contin <i>See</i> Instruct 1(b). | Filed pu s Section 17 | (a) of the | | 6(a) of the ility Hold | e Securiti ling Com | pany | Act o | ge Act of 1934, f 1935 or Sectio 40 | burden hou response n | • | | |
| (Print or Type Ro | esponses) | | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Harty Linda S | | | 2. Issuer Name and Ticker or Trading Symbol | | | | - | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) (First) (Middle) MEDTRONIC INC., 710 MEDTRONIC PARKWAY N.E., LC-480 | | | PARKER HANNIFIN CORP [PH] 3. Date of Earliest Transaction (Month/Day/Year) 10/22/2014 | | | | гпj | (Check all applicable) <u>X</u> Director Officer (give title Dother (specify below) | | | | |
| | (Street) 4. If Amendment, Filed(Month/Day/Y | | | | Day/Year) App _X | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| MINNEAPO | LIS, MN 55432 | 2-5604 | | | | | | Form filed by M Person | More than One R | eporting | | |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative S | Securi | ties Ac | quired, Disposed of | f, or Beneficia | lly Owned | | |
| 1.Title of Security (Instr. 3) | | ransaction Date 2A. Deemed nth/Day/Year) Execution Date, if any (Month/Day/Year) | | 3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price | | |) | Securities Beneficially | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| Common Stock | 10/22/2014 | | | A | 1,156 | A | \$ 0 | 10,837 | D | | | |

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

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 control number.

 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) | 4. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|---------------------------------------|---|---------------------|--------------------|---|--|--------------------------------------|--|
| | | | | Code V | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| Harty Linda S MEDTRONIC INC. 710 MEDTRONIC PARKWAY N.E., LC-48 MINNEAPOLIS, MN 55432-5604 | 80 X | | | | | | | |
| Signatures | | | | | | | | |
| Rhoda M. Minichillo, Attorney-in-Fact | 10/23/2014 | | | | | | | |
| **Signature of Reporting Person | Date | | | | | | | |

Explanation of Responses:

* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.