FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	/VAL							
OMB Number:	3235-0287							
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hours per response:	0.5							
	OMB Number: Estimated average burde							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					$\overline{}$														
1. Name and Address of Reporting Person* <u>Goldberg Paul</u>					2. Issuer Name and Ticker or Trading Symbol DOVER Corp [DOV]									Relationship of Reporting Person(s) to Issue (Check all applicable) Director 10% Own					
														Offi	er (give title	2	Other (s	· .	
4 0	 :													X belo		,	below)	peciny	
(Last)	(Firs	it) (N	1iddle)					Transa	action (Mo	nth/E	ay/Year)			Vice President					
C/O DOVI	ER CORPC	02/0	02/09/2018																
3005 HIGHLAND PARKWAY																			
·					4. If <i>i</i>	Amen	lment, D	Date of	Original	Filed	(Month/Da	y/Year)			or Joint/Gro	up Filing	(Check Ap	plicable	
(Street)													Lir	•					
DOWNER	RS IL 60515									X Form filed by One Reporting Person									
GROVE 00313															Form filed by More than One Reporting				
														Per	son				
(City)	(Sta	te) (Z	ip)																
		Tahl	e I - Nor	n-Deriv	ative	Sec	ırities	Δ.c.	uuired	Diei	oosed o	f or Re	neficia	ly Own	-d				
			C 1 - 1401			_			_	ادام	1					1	[
1. Title of Security (Instr. 3) 2. Trai					action		. Deeme	3. Transaction			ies Acquire Of (D) (Ins						7. Nature of Indirect		
					(Month/Day/Year)		if any		Code (Instr.		5)				icially d Following		D) or Indirect I) (Instr. 4)	Beneficial Ownership	
						(14	(Month/Day/Year)		8)					Repo		(1) (11)		(Instr. 4)	
						Code	v	Amount	(A) oi (D)	Price		Transaction(s) (Instr. 3 and 4)			` '				
					_			· · · ·			, ,								
Common Stock 02/09/					9/2018	2018			A		462 ⁽¹⁾ A		\$ <mark>0</mark> (.)	4,532		D		
																		By	
Common Stock														1,435			401(k)		
Common Stock														1, 100			Plan		
																		I Idii	
		Tá									sed of,			/ Owne	I				
				(e.g., p	uts, c	alls,	warra	ants,	option	s, c	onvertik	ole secu	rities)						
1. Title of	2.	3. Transaction	ed	4.	- 4 :			6. Date Ex					8. Price Derivati			10.	11. Nature of Indirect		
Derivative Security	Conversion or Exercise Price of Derivative	Date (Month/Day/Year)	Execution if any (Month/Da		Transa Code (Derivative (Securities		Expiration (Month/Da			Amount of Securities	Securities		e derivati Securit		Ownership Form:	Beneficial Ownership	
(Instr. 3)					8) `				•	•	Underly			(Instr. 5		ially	Direct (D)		
				Acquired (A) or		Derivati (Instr. 3				Security		Owned Followi		or Indirect (I) (Instr. 4)	(instr. 4)				
				Disposed of (D)					Γ΄ ΄			Reporte		'' '					
							(Instr. 3, 4									Transaction(s) (Instr. 4)			
							and 5)							╛					
													Amount						
								H					or Number	.					
					0-4-	ļ.,	/ , ,,		Date		Expiration		of						
					Code	V	(A)	(D)	Exercisal	ле П	Date	Title	Shares	+	-		 	-	
Stock Appreciation	\$97.35	02/09/2018			A		5,547		02/09/202	21	02/09/2028	Common	5,547	\$0	5,5	47	D		
Right										Ι,		Stock	"," "				-		

Explanation of Responses:

1. Represents grant of restricted stock units. Each restricted stock unit represents a contingent right to receive one share of Dover common stock. The restricted stock units will vest in three annual installments beginning on March 15, 2019.

Remarks:

/s/ Paul Goldberg by Alison M.
Rhoten, Attorney-in-fact

02/13/2018

** 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.