FORM 4

to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

| Washington, D | .C. 20549 |
|---------------|-----------|
|---------------|-----------|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject

| OMB APPROVAL             |       |  |  |  |  |  |  |  |
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| hours per response       | : 0.5 |  |  |  |  |  |  |  |

| tio   | on 1(b).  | nue. See                                   |   | Filed                             | pursua<br>or Se  | nt to S<br>ction 3  | ection<br>0(h) o  | 16(a)<br>f the li            | of the S<br>nvestme                     | Securit<br>ent Co                                | ies Exchang<br>mpany Act o  | e Act (<br>f 1940                           | of 1934 |   |   | Hours   | per re  | esponse:   | 0.5  |
|---|---|--|---|-----------------------------------|--|---|---|------------------------------|---|--|---|---|---------|---|---|---|---|--|--|
| 1. Name and Address of Reporting Person* <u>JOHNSTON MICHAEL F</u>  |   |  |   |                                   |  | 2. Issuer Name <b>and</b> Ticker or Trading Symbol DOVER Corp [ DOV ] |   |                              |   |  |   |   |         |   | all app   | nship of Reporting applicable)  |   | erson(s) to Is   |  |
| (Last) (First) (Middle) C/O DOVER CORPORATION 3005 HIGHLAND PARKWAY |   |  |   |                                   | 3. Date of Earliest Transaction (Month/Day/Year) 11/15/2021        |   |   |                              |   |  |   |   |         |   | Officer (give title below)  |   | Other (s<br>below)  |  |  |
| LR  | RS IL   | ate)                                       | 60515<br>(Zip)                              |                                   | 4. If Amendment, Date of Original Filed (Month/Day/Year)           |   |   |                              |   |  |   |   |         | 6. Indiv<br>Line)<br>X  | ridual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person |   |   |  |  |
|   |   | Tal  | ole I - No                                  | n-Deriva                          | tive S   | Secur   | ities   | Acq                          | uired,                                  | , Dis  | posed of  | , or E                                      | Benefi  | cially  | Own   | ed  |   |  |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da          |   |  |   |                                   | Execution Da   |   | Oate,   | 3.<br>Transacti<br>Code (Ins |   | Disposed Of (D)                                  |   | s Acquired (A) or<br>f (D) (Instr. 3, 4 and |         |   |   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)   |   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)        |  |
|   |   |  |   |                                   |  |   |   |                              | Code                                    | v  | Amount  | (A) or<br>(D)                               |         | ce  | Transaction(s)<br>(Instr. 3 and 4)  |   |   |  | (111501.4)   |
| Common Stock 11/15/2  |   |  |   |                                   |  | 2021  |   | A                            |   | 1,095(1)   | A   | \$1   | 73.5    | 3.5 19,596  |   |   | D   |  |  |
|   |   | ,  | Table II ·                                  |                                   |  |   |   |                              |   |  | osed of, convertib  |   |         |   | Owne  | d   |   |  |  |
| C<br>F  | Conversion<br>or Exercise<br>Price of<br>Derivative | 3. Transaction<br>Date<br>(Month/Day/Year) | ar) if any                                  | emed<br>tion Date,<br>n/Day/Year) | 4.<br>Transaction<br>Code (Instr.<br>8)                            |   | 5. Number<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, 4<br>and 5) |                              | Expirat<br>(Month                       | ion Da   | ear)  | or<br>Numb                                  |         | Der Sec (Ins  | Price of<br>rivative<br>curity<br>str. 5)   | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | у   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
| 1. Title of Derivative Security or Exercise (Month/Day/Year)        |   | (e.g., pu<br>emed<br>tion Date,            | ve Se<br>its, ca<br>4.<br>Transa<br>Code (l | alls, v                           | 5. Nu<br>of<br>Deriv<br>Secul<br>Acqu<br>(A) or<br>Dispo<br>of (D) | mber ative rities ired () sed () ()                                   | A ired, I optio   | Dispons, O Exerction Day/Y   | 1,095 <sup>(1)</sup> osed of, convertib | 7. Tit<br>Amor<br>Secu<br>Under<br>Deriv<br>Secu | \$1  enefici curities le and unt of rities rlying ative rity (Insti | 73.5 ally (es) 8. Prosec (ins               | Owned   | 9,596  9. Nun deriva Securi Benefi Owned Follow Report Transa | mber<br>itive<br>iciall<br>d<br>ving<br>ted<br>actio  | mber of<br>tive<br>ities<br>icially<br>d<br>ving<br>ted<br>action(s)  | mber of titive ities icially d or Indirect (D) or Indirect (I) (Instr. 4) ted action(s) |  |  |

## **Explanation of Responses:**

1. Represents grant of deferred stock units which will be payable in an equal number of shares of common stock upon the Reporting Person's termination of services as a director.

/s/ Michael F. Johnston by Ivonne M. Cabrera, Attorney- 11/17/2021 in-fact

\*\* 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.