## FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

Washington,	D.C.	20549	
		_00.0	

## ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPR	OVAL
OMB Number:	3235-0362
Estimated average but	rden
hours per response:	1.0

Form 3 Holdings Reported.

Instruction 1(b)

Form 4	Transactions R	eported.	File	ed pursuant to or Section					ities Excha ompany Ac							
1. Name and Address of Reporting Person* <u>Livingston Robert</u>			2. Issuer Name <b>and</b> Ticker or Trading Symbol DOVER Corp [ DOV ]							Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner						
	(Fir /ER CORP( GHLAND P.	ORATION	Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2017						Year)	X Officer (give title below) Other (specify below)  CEO and President					
(Street)  DOWNE  GROVE  (City)	RS <sub>IL</sub>		0515 Zip)	4. If Amen	dment	, Date	of Origi	inal File	ed (Month/C	ay/Yea		Line) X Fo	l or Joint/Gro orm filed by ( orm filed by N erson	One Re	eporting Pe	rson
		Table	e I - Non-Deriv	ative Sec	uritie	es Ac	quire	d, Di	sposed	of, or	Benefic	ially Ow	ned			
Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr. 8)					or Dispose	Secu Bene	ficially	ies Ownership cially Form: Direct at end of (D) or s Fiscal Indirect (I)		: Direct Beneficial Ownership ect (I) (Instr. 4)	
							Amount (A) or (D) Price		Price	Issue	r's Fiscal Instr. 3 and					
Common	ommon Stock 07/24/2017			C		3	2,112		D	\$0	2	200,539		D		
Common Stock												18,035			By 401(k) Plan	
		Ta	ble II - Derivat (e.g., pı	ive Secur uts, calls,									d			
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)	te, Transaction of E Code (Instr. Derivative (		Expira	Date Exercisable and opiration Date Amount Securiti Underly Derivati Security and 4)		int of rities rlying ative rity (Instr. 3	8. Price of Derivativ Security (Instr. 5)			10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	11. Nature of Indirect Beneficial Ownershij (Instr. 4)		
					(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares					

Explanation of Responses:

Remarks:

/s/ Robert Livingston 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.