FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: 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).

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* GRAHAM KRISTIANE C				2. Issuer Name and Ticker or Trading Symbol DOVER CORP [DOV]									neck all ap		g Person(s) to Is				
	(Fii CORPORA K AVENUI	TION	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 11/16/2009									bel		below)			
(Street)	ORK N	Y :	10017		4. If	f Am	endmen	t, Date o	of Original Filed (Month/Day/Year)						Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(St	ate) (Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			l Secu Bene	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amount		(A) or (D)	Price	Tran	action(s) . 3 and 4)		(111341. 4)			
Common	Stock			11/16	/2009	9			A		1,959		A	\$42.8	37	106,684	D		
Common	Stock			11/16	/2009)			F ⁽¹⁾		1,959		D	\$42.8	37 4	104,725	D		
Common	Stock															33,292	I	By trust ⁽²⁾⁽³⁾	
Common	Stock															2,460	I	By children	
Common	Stock															5,000	I	By trust ⁽²⁾⁽³⁾	
Common	Stock															29,416	I	By trust ⁽²⁾⁽³⁾	
Common	Stock															43,266	I	By trust ⁽²⁾⁽⁴⁾	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Conversion Date Execution Date,		Code (nsaction of E		Expiration	6. Date Exercisable Expiration Date (Month/Day/Year)		Amount of Securities Underlying Derivative Security (Instr. : and 4)		str. 3	B. Price of Derivative Security (Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Titl	or Nui of	ount nber ires					

Explanation of Responses:

- 1. Shares withheld at the Reporting Person's request for tax payments, including payment of withholding taxes incident to the receipt of a stock grant under the 1996 Non-Employee Directors' Stock Compensation Plan.
- 2. The Reporting Person disclaims beneficial ownership of the reported securities except to the extent of her pecuniary interest therein, if any, and this report shall not be deemed an admission that the Reporting Person is the beneficial owner of such securities (except to the extent of her pecuniary interest therein) for the purposes of Section 16 or for any other purpose.
- 3. Represents shares held by a trust of which the Reporting Person is a trustee.
- 4. Represents shares held by a trust of which the Reporting Person is beneficiary.

Remarks:

/s/ Kristiane C. Graham by Ivonne M. Cabrera, Attorney in 11/18/2009 **fact**

** 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.