### FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to	STATEMENT OF C
Section 16. Form 4 or Form 5	0.7.1.
obligations may continue. See	
Instruction 1(b).	Filed pursuant to

# CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

Name and Address of Reporting Person*     Somasundaram Sivasankaran						DOVER Corp [ DOV ]									ionship of Reporting all applicable) Director Officer (give title		10% C Other		
(Last) (First) (Middle) C/O DOVER CORPORATION 3005 HIGHLAND PARKWAY						3. Date of Earliest Transaction (Month/Day/Year) 05/13/2014								X	belov	,	below) resident		
(Street) DOWNE GROVE (City)	IL	IL 60515 (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)								Forn Forn	fual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person			
(Oily)	(0.		.,	Non-Deriv	/ative	Sec	uritie	s Ac	auire	ed. D	isposed o	of. or E	Benefic	ially	Owne	ed			
1. Title of Security (Instr. 3)  2. Transactio Date (Month/Day/Y			ion	2A. Deemed Execution Date,		ate,	3. 4. Securities			s Acquired (A) or f (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock 05/13/20					014	.4			S		4,000	D	\$86.80	)78 <sup>(1)</sup>	23,616		D		
Common Stock															1,175		I	By 401(k) plan	
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	Conversion or Exercise (Month/Day/Year) Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Security Execution Date, if any (Month/Day/Year) S S S (Month/Day/Year) S S S (Month/Day/Year) S S S S (Month/Day/Year) S S S S S S S S S S S S S S S S S S S				5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	rities ired r osed ) : 3, 4	Expiration Date (Month/Day/Year)  d  4  Expiration Date (Month/Day/Year)  Securities Underlying Derivative Security (Inst and 4)  Amount of Securities  Amount of Securities						Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Number of Shares						

### **Explanation of Responses:**

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$86.80 to \$86.86 inclusive. The reporting person undertakes to provide to Dover Corporation, any security holder of Dover Corporation or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in footnote (1) to this Form 4.

### Remarks:

/s/ Sivasankaran

Somasundaram by Kathryn D. 05/15/2014

Ingraham, Attorney-in-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.