FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549
vasiliigton,	D.C.	20049

STATEMENT	OF C	HANGES	IN BENEFICIAL	OWNERSHIP

	OMB APPROVAL										
	OMB Number:	3235-0287									
	Estimated average burden										
1	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

Name and Address of Reporting Person* Cerepak Brad M						2. Issuer Name and Ticker or Trading Symbol DOVER Corp [DOV]								Relationship of Reporting Person(s) to Issue (Check all applicable) Director 10% Own				/ner	
(Last)	(Firs	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/08/2024								X Officer (give title below) Other (specify below) Senior VP & CFO					
3005 HIG	HLAND PA	RKWAY			4. If A	Amen	ndment, D	ate of	of Original Filed (Month/Day/Year)				Line	Individual or Joint/Group Filing (Check Applicable Line)					
(Street) DOWNER GROVE	RS IL	(50515										X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(Sta	to) (Zip)		Rul	le 1	0b5-1	(c)	Trans	sact	ion Indi	cation							
(Oity)	(Ota	ie) (Δ Ι Ρ)			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Tab	le I - No	n-Deriv	ative	Sec	curities	Acq	uired,	, Dis	posed of	, or Ber	neficially	y Owned					
Date				Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			1 and 5) Securities Beneficially Owned Follo		Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	tion(s)			(Instr. 4)	
Common Stock 02/08				/2024		Α		2,654(1)	Α	\$0	38,529			D					
Common Stock 02/08/				/2024		A		5,305 ⁽²⁾ A		\$0	43,897			D					
Common S	Stock			02/08	/2024				F		1,578(2)	D	\$160.1	50.11 42,319 D					
Common S	Stock													2,949 I 4011 Plan				401K Plan	
		1	Table II -								osed of, convertib			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Execution if any (Month/D	n Date,	4. Transac Code (I 8)		5. Numl of Derivati Securiti Acquire (A) or Dispose of (D) (I 3, 4 and	ve es ed ed nstr.	Expirati	6. Date Exercisable and Expiration Date (Month/Day/Year)		of Securit	g Security	Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares						
Stock Appreciation	\$160.11	02/08/2024			A		23,595		02/08/2	2027	02/08/2034	Common Stock	23,595	\$0	23,59	15	D		

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, 2025.
- 2. Represents settlement of performance shares representing a contingent right to receive shares of Dover common stock, based on Dover's relative total shareholder return for the three-year period ended December 31, 2023.

/s/ Brad M. Cerepak by John C. Nelson, Attorney in Fact

02/12/2024

** 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.