FORM 4

Check this box if no longer subject

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

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	DС	20549	
vasimigton,	D.O.	20040	

STATEMENT OF CHANGES IN	N BENEFICIAL	OWNERSHIP

OMB APPROVAL 3235-0287 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* Moran James M					2. Issuer Name and Ticker or Trading Symbol DOVER Corp [DOV]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify					wner
(Last)	(Fii VER CORF	rst) (PORATION	Middle))		3. Date of Earliest Transaction (Month/Day/Year) 03/15/2024								X Officer (give title Other (speci below) VP & Treasurer					
3005 HIGHLAND PARKWAY				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) DOWNE GROVE	ERS IL	6	0515			X Form filed by One Reporting Person Form filed by More than One Reporting Person													
(City)	(St	ate) (Ž	Zip)		$ _{\square}$	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								nded to					
		Table	I - N	on-Deriva	tive S	Secu	rities	Acc	quired	d, Dis	sposed of	, or B	enefic	ially O	wn	ed			
Dat			2. Transacti Date (Month/Day	/Year) Execut				3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			4 and 5) Secu		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price	Tr	ansa	ction(s) 3 and 4)			(Instr. 4)	
Common Stock (03/15/20	024				F		32(1)	D	\$175.	5.065		5,707		D		
Common Stock 03/15/2			03/15/20)24				F		25(2)	D	\$175.	5.065 5		5,682		D		
Common	Stock			03/15/20)24				F		29(3)	D	\$175.	75.065 5,653 D			D		
Common	Stock												817					401K 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	3. Transaction Date (Month/Day/Year)	Execu	eemed ution Date, th/Day/Year)	on Date, Transaction of Code (Instr. Derivat			vative rities pired r osed)	Expiration Date Amount o			nt of ities lying ative ity (Instr.	8. Price o Derivative Security (Instr. 5)			y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

- 1. Shares withheld for taxes in accordance with the terms of the grant upon partial vesting of restricted stock units granted on February 12, 2021.
- 2. Shares withheld for taxes in accordance with the terms of the grant upon partial vesting of restricted stock units granted on February 11, 2022.
- 3. Shares withheld for taxes in accordance with the terms of the grant upon partial vesting of restricted stock units granted on February 10, 2023.

/s/ James M. Moran by John C. Nelson, Attorney in Fact

03/19/2024

** 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.