FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	DС	20549	
vasimigton,	D.O.	20040	

STATEMENT	OF CHANG	ES IN BENE	FICIAL OW	NERSHIP

ı	OIVID APPROVAL										
	OMB Number:	3235-0287									
	Estimated average b	ourden									
	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* <u>Cabrera Ivonne M</u>					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 (specifications)					vner		
(Last) (First) (Middle) C/O DOVER CORPORATION						3. Date of Earliest Transaction (Month/Day/Year) 03/15/2024								X	below	below) SVP, General Co		below)		
3005 HI	GHLAND 1	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	ERS IL	6	0515											X Form filed by One Reporting Person Form filed by More than One Reporting Person					- 1	
(City)	(St	ate) (Z	<u>Z</u> ip)		$ _{\square}$	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a satisfy the affirmative defense conditions of Rule 10b5-1(c). See Inst														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date		2. Transacti Date (Month/Day	- 1	Execution Date			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			and 5) Securi Benefi		ties cially I Following	Form (D) o	r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)	Price		Transa	ction(s) 3 and 4)			(111501.4)	
Common	Stock			03/15/20)24	24			F		183(1)	D	\$175.	065 48		8,638		D		
Common	Common Stock 03/15/20)24	24			F		175(2)	D	\$175.	065 4		8,463		D			
Common	Stock			03/15/20)24	24			F		183(3)	D	\$175.	065 4		8,280		D		
Common	Common Stock													1	,981			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)		4. 5. Number of Ocide (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title an Amount of Securities Underlyin Derivative Security (1 3 and 4)			nt of ities lying ative ity (Instr.	Deri Sec	erivative ecurity estr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	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/ Ivonne M. Cabrera by John 03/19/2024 C. Nelson, 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.