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

| Washington, I | D.C. | 20549 |
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| OMB APPF | ROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
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| 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 | | | | | | 2. Issuer Name and Ticker or Trading Symbol DOVER Corp [DOV] | | | | | | | | 5. Relationship of Reporti (Check all applicable) Director X Officer (give title below) | | | | 10% Othe | Owner (specify | |
|---|--|--------|------------------|----------|--|--|--|------|-------|---|-----------------------|---------------------|--|--|-------------------------|---|---------------------------------------|---------------------------|-------------------|--|
| (Last) (First) (Middle) C/O DOVER CORPORATION 3005 HIGHLAND PARKWAY | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/10/2017 | | | | | | | | Vice President | | | | | | |
| (Street) DOWNE GROVE | RS IL | (| 50515 | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. 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) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - N | on-Deriv | <i>r</i> ative | Sec | uritie | s Ac | quire | d, Di | sposed o | f, or B | enefic | ially | Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (Instr. 3) Disposed Of (D) (Instr. 3) 5) | | | | | | s ally 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 | 1 | Transact (Instr. 3 a | ion(s) | | | (man y | |
| Common Stock 03/10/20 | | | | | 2017 |)17 | | F | | 221(1) | D | \$76.6 | 555 | 12,082 | | | D | | | |
| Common Stock | | | | | | | | | | | | | | 25, | 933 | | I | By Limited Partnership | | |
| Common | Common Stock | | | | | | | | | | | | | | 1,748 | | | I | By 401(k) Plan | |
| | | Та | ble II | | | | | | | | osed of, convertib | | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | or Exercise Price of Derivative Security (Month/Day/Year) if any (Month/Day/Year) 8) | | Transa Code (| | 5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5 | ative rities ired osed | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Expiration Date Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4) Amount or Number of Title Shares | | Deri Sec (Ins | 8. Price of Derivative Security (Instr. 5) Security (Instr. 5) Beneficia Owned Following Reported Transacti (Instr. 4) | | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | | | |

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 March 10, 2014.

Remarks:

/s/ Somasundaram Sivasankaran by Alison M.

03/14/2017

Rhoten, 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.