FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number: 3235-0287										
Estimated average burden										
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*  Juneja Girish  (Last) (First) (Middle)  C/O DOVER CORPORATION  3005 HIGHLAND PARKWAY					3. Da 02/1	Issuer Name and Ticker or Trading Symbol     DOVER Corp [ DOV ]      Is Date of Earliest Transaction (Month/Day/Year) 02/12/2021								(Chec	5. Relationship of Reporting Person(s) to Issuer Check all applicable) Director 10% Owner X Officer (give title Other (specify below)  SVP, Chief Digital Officer					
(Street) DOWNER GROVE (City)	RS IL (Sta	te) (Z	)515 ip)		4. If Amendment, Date of Original Filed (Month/Day/Year)									Line) X	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
1 Title of Co	accrite (Imate		e I - NO	n-Deriv		_	Deemed		quirea,	DIS	posed of				5. Amour	at of	6 04	nership	7. Nature of	
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						Execution Dat ay/Year) if any		Date,	Transa Code (			urities Acquired (A) o sed Of (D) (Instr. 3, 4			Securitie Beneficia Owned F	s ally	Form (D) o	: Direct   I r Indirect   I	Indirect Beneficial Ownership	
							(Month/Day/Year)		Code	v	Amount (A) or (D)		Pric	е	Reported Transacti (Instr. 3 a	l ion(s)	ng (I) (Instr. 4)		(Instr. 4)	
Common Stock				02/12/2021					A		815(1)	A	\$	0(1)	3,3	306		D		
Common Stock (				02/12	/2021				A		1,880	A		(2)	5,1	186		D		
Common Stock 02/				02/12	/2021				F		587	D	\$12	22.73	4,5	4,599		D		
Common Stock															30	04		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	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/D	n Date,	4. Transaction Code (Instr. 8)		5. Number of		6. Date Exercis Expiration Dat (Month/Day/Ye		te	7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4)			B. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e O S Fe Illy D OI	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shar	ber						
Stock Appreciation Right	\$122.73	02/12/2021			A		7,243		02/12/20	024	02/12/2031	Common Stock	7,2	43	\$0	7,243	3	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, 2022.
- 2. Represents settlement of performance shares representing a contingent right to receive shares of Dover common stock, based on Dover's internal total shareholder return for the three-year period ended December 31, 2020.

/s/ Girish Juneja by Alison M. Rhoten, Attorney-in-fact

02/17/2021

\*\* 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.