FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | VAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

| | Check this box if no longer subject to |
|--------|--|
| \neg | Section 16. Form 4 or Form 5 |
| J | 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* Buchanan Kevin P (Last) (First) (Middle) C/O DOVER CORPORATION | | | | | 3. C | Issuer Name and Ticker or Trading Symbol DOVER Corp [DOV] Issuer Name and Ticker or Trading Symbol DOVER Corp [DOV] Issuer Name and Ticker or Trading Symbol DOVER Corp [DOV] Issuer Name and Ticker or Trading Symbol DOVER Corp [DOV] | | | | | | | | | | | below) | | g Person(s) to Issuer 10% Owner Other (specibelow) resident | | wner (specify | |
|--|--|--|--|--|------------------------------|--|---|--|-----------|--|---|--|--------------------|----------|---|--|--|--|--|------------|---|--|
| 3005 HIGHLAND PARKWAY (Street) DOWNERS GROVE (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | i. Indivi ine) X | Form | lual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | tion 2A. Deemed Execution Date, | | | ate, | 3. 4. Securi Transaction Dispose Code (Instr. 5) | | | ities Acquired (A) | | | or 5. Am 4 and Secui Benet Owne | | ount of ties cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| Common Stock 03/10/ | | | | | | | | | Code F | v | Amount 76 ⁽¹⁾ | | A) or D) | Price | • | Reported Transaction(s) (Instr. 3 and 4) | | D | | (Instr. 4) | | |
| Common Stock | | | | | | | | | | | | | | | | | | 1,724 |] | į | 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) | erivative ecurity nstr. 3) Conversion or Exercise Price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) C (Month/Day/Year) 8 (Month/Day/Year) 2 (Month/Day/Year) 2 (Month/Day/Year) 3 (Month/Day/Year) 3 (Month/Day/Year) 4 (Month/Day/Year) 4 (Month/Day/Year) 5 (Month/Day/Year) 5 (Month/Day/Year) 6 (Month/Day/Year) 7 (Month/ | | | | 4. Transa Code (8) | | of Derivative (Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | o. Date Ex Expiration Month/Da Date | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amour or Numbe of | | | nt er | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4) | Owi Fori Dire or II (I) (I | nership m: ect (D) ndirect nstr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

 $1. \ Shares \ withheld \ for \ taxes \ upon \ partial \ vesting \ of \ restricted \ stock \ units \ granted \ on \ March \ 10, \ 2014.$

Remarks:

/s/ Kevin P. Buchanan by Alison M. Rhoten, Attorney-in- 03/14/2016

** 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.