Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Washington,	D.C.	20549	
vvacimigton,	D.O.	_00.0	

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	PROVAL
OMB Number:	3235-0287
Estimated average	burden
hours per response	e: 0.5

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

1(0). 0	ee instruction i				_															
1. Name and Address of Reporting Person* <u>Tobin Richard J</u>				2. Issuer Name <b>and</b> Ticker or Trading Symbol DOVER Corp [ DOV ]									ionship of Reporting Person(s) to Issu all applicable) Director 10% Own							
														J	Office	r (give title		Other (s		
(Last) (First) (Middle)			Date of Earliest Transaction (Month/Day/Year)							$\neg$	below) below)  Chairman, President & CEO					,				
C/O DOVER CORPORATION				08/21/2024								Chairman, Fresident & CEO								
3005 HI	GHLAND I	PARKWAY																		
(Street)					4. 1	If Amend	ment, D	Date of	f Origi	nal F	iled (Month	/Day/Ye	ar)			idual or	Joint/Group	Filin	ng (Check A	pplicable
DOWNE	ERS													'	ine)	Form	filed by One	e Ren	orting Pers	on
GROVE IL 60515												Form filed by More than One Reporting Person								
(City)	(St	ate) (Ž	Zip)																	
		Table	I -	Non-Deriva	tive	Secui	rities	Acq	uire	d, D	isposed	of, o	Be:	nefic	ially	Own	ed			
		2. Transaction Date (Month/Day/Yea	Execution D		Date, Tr		ransaction Disposed Of (D) ode (Instr.			cquired (A) or D) (Instr. 3, 4 and			Securi Benefi Owned Follow	5. Amount of Securities Beneficially Owned Following		m: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Cod	de V	,	Amount	(A) or (D)	Pric	ce			ted action(s) 3 and 4)			
Common Stock			08/21/2024	1			S			25,004	D	\$1	81.95	87(1)	18	182,928		D		
Common	Stock				T											77,000			I	By Trust
Common	Stock															487				401K Plan
		Tal	ble	II - Derivati (e.g., pu							sposed o					wne	t			
Derivative Conversion Date Security or Exercise (Month/Day/Year)			Exe if a			ransaction of Code (Instr. Derivat		ative ities red sed 3, 4	Expiration Date (Month/Day/Year) S S d U D S S 3			An Se Un De Se	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Deri Sec	rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirec Beneficia Ownershi (Instr. 4)
												OI	mount r umber							

## **Explanation of Responses:**

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions as prices ranging from \$181.59 to \$182.50 inclusive. The reporting person undertakes to provide to Dover Corporation, any security holder of Dover Corporation, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in footnote (1) to this Form 4.

(A) (D) Exercisable Date

/s/ Richard J. Tobin by John C. Nelson, Attorney in Fact 08/23/2024

\*\* Signature of Reporting Person Date

Title Shares

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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).

Code V

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.