| SEC I | Form 4 |
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| FORM | 4 |
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UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

|) 8 | Check this box if no longer subjec Section 16. Form 4 or Form 5 obligations may continue. See nstruction 1(b). |
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to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

| 1. Name and Address of Reporting Person* <u>Spurgeon William</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 X Officer (give title Other (specify |
|--|---|-------|---|---|
| | (First) (Middle) VER CORPORATION GHLAND PARKWAY | | 3. Date of Earliest Transaction (Month/Day/Year) 10/23/2017 | Vice President |
| (Street) DOWNERS GROVE | IL | 60515 | 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) | (State) | (Zip) | erivative Securities Acquired, Disposed of, or Ben | eficially Owned |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|---|---|--------|---------------|-------------------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 10/23/2017 | | G | v | 3,200 | D | \$ <mark>0</mark> | 16,103 | I | By trust |
| Common Stock | 10/23/2017 | | М | | 31,240 | A | \$57.62 | 37,578 | D | |
| Common Stock | 10/23/2017 | | D | | 18,895 | D | \$95.27 | 18,683 | D | |
| Common Stock | 10/23/2017 | | F | | 5,791 | D | \$95.27 | 12,892 | D | |
| Common Stock | | | | | | | | 8,007 | 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. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deri Secu Acq (A) o Disp of (E | umber vative urities uired or oosed o) (Instr. and 5) | Expiration Date (Month/Day/Year) | | and 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 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 Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|---|--|-------------------------------------|--------------------|---|--|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Appreciation Right | \$57.62 | 10/23/2017 | | М | | | 31,240 | 02/09/2015 | 02/09/2022 | Common Stock | 31,240 | \$0 | 0 | D | |

Explanation of Responses:

Remarks:

/s/ William Spurgeon by Alison

10/25/2017 Date

** Signature of Reporting Person

M. Rhoten, Attorney-in-fact

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.