FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

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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). | | | | | | | |

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

| 1. Name and Address of Reporting Person* REECE THOMAS L | | | | | | 2. Issuer Name and Ticker or Trading Symbol DOVER CORP [DOV] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|--|------------|------------------------|-----------------|---|---|------|--|--|---|---|-------------------------------------|---|--|---|---|---------------------------------------|------|--|
| | | | | | | | | | | | | | | Director | r | | 10% Ov | /ner | |
| | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/25/2006 | | | | | | | | Officer below) | Officer (give title below) | | Other (s below) | specify | | |
| DOVER CORPORATION 280 PARK AVENUE, 34 W | | | | | | | | | | | | | " | | | | | | |
| | | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | | | | | | | | _ I ` | , | led by One | Danoi | rtina Darcar | . | |
| NEW YO | ORK N | Y | 10017 | | | | | | | | | | | Form fi | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | State) | (Zip) | | | | | | | | | | | | | | | | |
| | | Та | ble I - N | on-Der | ivativ | ve S | ecur | ities Ac | quirec | l, Di | sposed o | f, or Be | neficiall | / Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | Execution Date, | | Transaction Disposed Of (D Code (Instr. | | s Acquired (A) or of (D) (Instr. 3, 4 and 5 | | 5. Amour Securitie Beneficia Owned F | s Formulay (D) (I) (I) (I) | | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transact (Instr. 3 a | ion(s) | | | (Instr. 4) | | | |
| Common Stock 07/25/20 | | | 5/2006 | 2006 | | M | | 109,906 | A | \$24.718 | 7 292 | ,693 D | | D | | | | | |
| | 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 | | | Execution Date, if any | | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficia Owned Following Reported Transacti | e s lly J | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | on(s) | | | |
| Employee stock option (right to | \$24.7187 | 07/25/2006 | | | M | | | 109,906 | 02/06/2 | 000 | 02/06/2007 | Common stock | 109,906 | \$0 | 0 | | D | | |

Explanation of Responses:

Remarks:

Thomas L. Reece

07/27/2006

** 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.