FORM 4

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

ngton, D.C. 20549	OMB APPROVAL

<b>STATEMENT</b>	OF CHANGE	S IN BENEFICIAL	. OWNERSHIP

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

OMB APPROVAL						
OMB Number: 3235-0287						
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Name and Address of Reporting Person*     Giacomini Thomas					2. Issuer Name and Ticker or Trading Symbol DOVER CORP [ DOV ]					(Ched	ck all applica Director	109		10% Ow	to Issuer  0% Owner  ther (specify		
(Last) (First) (Middle) C/O DOVER CORPORATION 280 PARK AVENUE, 34W					3. Date of Earliest Transaction (Month/Day/Year) 02/12/2009						X	X Office (give title Office (specify below)  Vice President					
(Street) NEW YOR (City)	RK NY		0017 Zip)	4.	4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Ind Line)	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date			Transaction ate lonth/Day/Y	ear) i	2A. Deemed Execution Date, if any (Month/Day/Year)	,	Transaction Disposed Of (D Code (Instr.			s Acquired (A) or If (D) (Instr. 3, 4 an		5. Amount Securities Beneficial Owned Fo	Form (D) o		Direct Indirect E	7. Nature of Indirect Beneficial Ownership	
								Code V	Amount	(A (D	A) or D)	Price	Reported Transaction(s) (Instr. 3 and 4)				nstr. 4)
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	Execution Date,		Transaction Code (Instr. 8)		Derivative		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 of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiratio Date	1 Title		Amount or Number of Shares		(Instr. 4)			
Stock Appreciation Right	\$29.45	02/12/2009		A		34,762 <sup>(1)</sup>		02/12/2012	02/12/201		nmon	34,762	\$0	34,76	2	D	

## **Explanation of Responses:**

1. The SSARs are granted pursuant to the Dover Corporation 2005 Cash and Equity Incentive Plan (the "Plan"). Subject to shareholder approval, Dover Corporation has adopted amendments to the Plan to provide for the grant of performance shares. In addition to the SSARs reported above, the Reporting Person has been granted alternative awards of 2,897 performance shares or 11,588 additional SSARs, contingent upon the result of the shareholder vote on the proposed amendments to the Plan (the performance share award being void in the event that the shareholders do not approve the amendments to the Plan and the SSAR award being void in the event that the shareholders do approve the amendments). In accordance with Section 16(a), the award of performance shares or SSARs, as applicable, will be reported after the contingency for the award has been satisfied at the shareholders' meeting.

## Remarks:

Thomas Giacomini by Joseph W. Schmidt, as attorney-in-fact

02/17/2009

\*\* Signature of Reporting Person

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.