

PARKER HANNIFIN CORP
 Form 3
 September 10, 2015

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
 Expires: January 31, 2015
 Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *
 Â Parmentier Jennifer A
 (Last) (First) (Middle)

2. Date of Event Requiring Statement
 (Month/Day/Year)
 09/01/2015

3. Issuer Name and Ticker or Trading Symbol
 PARKER HANNIFIN CORP [PH]

4. Relationship of Reporting Person(s) to Issuer
 (Check all applicable)

5. If Amendment, Date Original Filed(Month/Day/Year)

PARKER HANNIFIN CORPORATION,Â 6035
 PARKLAND BLVD.

(Street)

CLEVELAND,Â OHÂ 44124

(City) (State) (Zip)

___ Director ___ 10% Owner
 ___X___ Officer ___ Other
 (give title below) (specify below)
 VP, Pres-Engineered Materials

6. Individual or Joint/Group Filing(Check Applicable Line)
 ___X___ Form filed by One Reporting Person
 ___ Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|------------------------------------|--|---|--|
| Common Stock | 65 | D | Â |
| Common Stock | 518.602 | I | Parker Retirement Savings Plan |

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

SEC 1473 (7-02)

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 control number.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) | 3. Title and Amount of Securities Underlying Derivative Security | 4. Conversion or Exercise | 5. Ownership Form of | 6. Nature of Indirect Beneficial Ownership |
|---|---|--|---------------------------|----------------------|--|
|---|---|--|---------------------------|----------------------|--|

Edgar Filing: PARKER HANNIFIN CORP - Form 3

| | Date Exercisable | Expiration Date | (Instr. 4) Title | Amount or Number of Shares | Price of Derivative Security | Derivative Security: Direct (D) or Indirect (I) (Instr. 5) | (Instr. 5) |
|--------------------------|------------------|-----------------|---------------------|----------------------------|------------------------------|--|------------|
| Stock Appreciation Right | Â (1) | 08/13/2023 | Common Stock | 1,653 | \$ 106.18 | D | Â |
| Stock Appreciation Right | Â (2) | 08/12/2024 | Common Stock | 2,330 | \$ 113.19 | D | Â |
| Stock Appreciation Right | Â (3) | 08/11/2025 | Common Stock | 8,680 | \$ 113.23 | D | Â |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|--|---------------|-----------|---------------------------------------|-------|
| | Director | 10% Owner | Officer | Other |
| Parmentier Jennifer A PARKER HANNIFIN CORPORATION 6035 PARKLAND BLVD. CLEVELAND, OH 44124 | Â | Â | Â VP, Pres-Engineered Materials | Â |

Signatures

Rhoda M. Minichillo,
Attorney-in-Fact

09/10/2015

__Signature of Reporting Person

Date

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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).

(1) The SAR vested in three equal annual installments beginning 8/14/2014.

(2) The SAR vested in three equal annual installments beginning 8/13/2015.

(3) The SAR vests in three equal annual installments beginning 8/12/2016.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.