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Weeks And Form 4 April 29, 20 FORN Check th if no lon subject to Section Form 4 Form 5 obligation may con <i>See</i> Instru- 1(b).	A 4 UNITED A 4 UNITED box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box box 	MENT OF rsuant to S (a) of the F	Was CHAN ection 14 Public Ut	Shington, GES IN SECUR 6(a) of th	, D.C. 20 BENEF RITIES le Securi ding Cor)549 ICIA ties E	LOWN Exchange y Act of	OMMISSION NERSHIP OF e Act of 1934, 1935 or Section 0	OMB Number: Expires: Estimated a burden hour response		
Weeks Andrew M Symbo			Symbol	2. Issuer Name and Ticker or Trading ymbol ARKER HANNIFIN CORP [PH]				5. Relationship of Reporting Person(s) to Issuer			
(Me				3. Date of Earliest Transaction (Month/Day/Year) 04/26/2019				(Check all applicable) Director 10% Owner Officer (give title Other (specify below) VP, Pres-Engineered Matl Grp			
	(Street)	(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
CLEVELA	ND, OH 44124							Form filed by M Person	ore than One Rej	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative	Secu	rities Acqu	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)		Date, if	3. Transactic Code (Instr. 8) Code V	4. Securi on(A) or Di (Instr. 3, Amount	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	04/26/2019			А	8,937	A	\$0	13,847	D		
Common Stock	04/26/2019			F	3,240	D	\$ 182.02	10,607	D		

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

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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)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Weeks Andrew M PARKER HANNIFIN CORPORATION 6035 PARKLAND BLVD. CLEVELAND, OH 44124			VP, Pres-Engineered Matl Grp					
Signatures								
Kelley B. Standard, Attorney-In-Fact	04/29/20	19						
<u>**Signature of Reporting Person</u>	Date							

Explanation of Responses:

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. 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.