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GRAHAM I Form 4	KRISTIANE C										
November 1	9, 2008										
FORM	Л							OMB A	PPROVAL		
	RITIES A shington,			NGE (COMMISSION	OMB Number:	3235-0287				
Check th if no long subject to Section 1 Form 4 c		SECUR	ITIES			NERSHIP OF	Expires: Estimated a burden hou response	rs per			
Form 5 obligations may continue. See Instruction 1(b). 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 I	Responses)										
GRAHAM KRISTIANE C Symbol			Name and		Tradi	ng	5. Relationship of Reporting Person(s) to Issuer				
			Earliest Tr	-			(Check all applicable)				
(Month/Da DOVER CORPORATION, 280 11/17/20 PARK AVENUE				ansaction			X_ Director Officer (give below)		Owner er (specify		
			ndment, Date Original th/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 				
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned							les Oerres d				
1.Title of Security (Instr. 3)	2. Transaction Date 2A. De (Month/Day/Year) Executi any		3. Transactic Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ties A ispose 4 and (A) or	cquired 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		
Common Stock	11/17/2008		A	2,934	A	\$ 28.63	407,519	D			
Common Stock	11/17/2008		F <u>(1)</u>	2,794	D	\$ 28.63	404,725	D			
Common Stock							33,292	I	By trust (2)		
Common Stock							2,460	I	By children		
Common Stock							5,000	Ι	By trust (2) (3)		

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Common Stock	29,416	Ι	By trust (2)
Common Stock	43,266	Ι	By trust <u>(2)</u> (4)

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

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 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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Titl Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu 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		Relationsh						
	Director	10% Owner	Officer	Other				
GRAHAM KRISTIANE C DOVER CORPORATION 280 PARK AVENUE NEW YORK, NY 10017	Х							
Signatures								
/s/ Kristiane C. Graham by Ivonne M. Cabrera, Attorney in fact 11/19/								
<u>**</u> Signature of Rep		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).

(1) Shares withheld at the Reporting Person's request for tax payments, including payment of withholding taxes incident to the receipt of a stock grant under the 1996 Non-Employee Directors' Stock Compensation Plan.

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The Reporting Person disclaims beneficial ownership of the reported securities except to the extent of her pecuniary interest therein, if(2) any, and this report shall not be deemed an admission that the Reporting Person is the beneficial owner of such securities (except to the extent of her pecuniary interest therein) for the purposes of Section 16 or for any other purpose.

- (3) Represents shares held by a trust of which the Reporting Person is a trustee.
- (4) Represents shares held by a trust of which the Reporting Person is beneficiary.

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.