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| Form 4 | JN CO INC | | | | | | | | | | | |
|---|--|---------|--|-----------------------------|--------|--------------|--|---|---|-----------------------------|--|--|
| November 1 | 9, 2015 | | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | OMMISSION | OMB APPROVAL | | | |
| Choole th | | | shington, | | | 011111100101 | Number: | 3235-0287 | | | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Statement OF CHANGES IN 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 | | | | | | | | Expires: January 31, 2005 Estimated average burden hours per response 0.5 | | | | |
| (Print or Type I | Responses) | | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Perushek Mary Lynne | | | 2. Issuer Name and Ticker or Trading Symbol DONALDSON CO INC [DCI] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Last) | (First) (N | Aiddle) | 3. Date of Earliest Transaction | | | | | (Check | | | | |
| 1400 WEST 94TH STREET | | | (Month/Day/Year) 11/18/2015 | | | | | Director 10% Owner X Officer (give title Other (specify below) below) Vice President | | | | |
| BI OOMIN | (Street) GTON, MN 5541 | 3 | | ndment, Da nth/Day/Year) | - | | | 6. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by M | ne Reporting Per | rson | | |
| (City) | | (Zip) | | | | | | Person | | | | |
| | ` | | | | | | - | uired, Disposed of, | | - | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year) | | 3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price | | | of (D) 5) | 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 | | | | | | | | 5,403 | Ι | By Benefit Plan Trust | | |
| Common Stock | 11/18/2015 | | | А | 54.618 | А | \$ 29.56 | 9,356 | Ι | By Benefit Plan Trust | | |
| Common Stock | | | | | | | | 32,586 | D | | | |

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)

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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 | 2. Conversion | 3. Transaction Date (Month/Day/Year) | | 4. Transacti | 5. onNumber | 6. Date Exer Expiration D | | 7. Title a Amount | | 8. Price of Derivative | 9. Nu Deriv |
|---------------------------|---|---|-------------------------|--------------------|---|------------------------------|--------------------|------------------------------------|--------|------------------------|---|
| Security (Instr. 3) | or Exercise Price of Derivative Security | | any (Month/Day/Year) | Code (Instr. 8) | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | (Month/Day/ e | | Underlyi Securitie (Instr. 3 | es | Security (Instr. 5) | Secur Bene Owne Follo Repo Trans (Instr |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | or Title N of | lumber | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|----------------|-------|--|--|--|
| 1 | Director | 10% Owner | Officer | Other | | | |
| Perushek Mary Lynne 1400 WEST 94TH STREET BLOOMINGTON, MN 55413 | | | Vice President | | | | |
| Signatures | | | | | | | |
| Amy C. Becker, Attorney-in-fa Perushek | ict for Ma | ry Lynne | 11/19/ | /2015 | | | |

**Signature of Reporting Person

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.

Date