## Edgar Filing: Carpenter Tod E. - Form 4

Form 4	00 E.											
September 0										PROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMMISSION	OMB	-		
Check th	is box	Washington, D.C. 20549							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 ]	Responses)											
1. Name and Address of Reporting Person <u>*</u> Carpenter Tod E.			2. Issuer Name <b>and</b> Ticker or Trading Symbol DONALDSON CO INC [DCI]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(Last) (First) (Middle) 3. Da				. Date of Earliest Transaction				(encer an appreadie)			
1400 WEST 94TH STREET			(Month/Day/Year) 09/05/2018					X Director 10% Owner X Officer (give title Other (specify below) below) Chairman, President and CEO				
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
BLOOMIN	GTON, MN 5543	1-2303						Person		porting		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securi	ties Acq	uired, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deen Execution any (Month/E	n Date, if	3. Transactio Code (Instr. 8) Code V	4. Securiti n(A) or Dis (Instr. 3, 4) Amount	posed	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	09/05/2018			А	29.016	A	\$ 50.37	7,509	I	By Benefit Plan Trust		
Common Stock								9,234	I	By Benefit Plan Trust		
Common Stock								72,676	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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#### 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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	;	ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Carpenter Tod E. 1400 WEST 94TH STREET BLOOMINGTON, MN 55431-2303	Х		Chairman, President and CEO					
Signatures								
Amy C. Becker, Attorney-in-fact for Te Carpenter	od E.	09/07/20	18					
**Signature of Reporting Person		Date						
Explanation of Respon	1606.							

## 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.