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Form 4	ON CO INC											
December 0	4, 2014											
FORM	4 UNITED	STATES	SECUR	RITIES A	ND EXC	CHA	NGE C	OMMISSION	OMB AF OMB	PROVAL		
Check th	uis box		Was		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). Section 16. Form 4 or Form 5 obligations may continue. See Instruction							e Act of 1934, 1935 or Section	Expires: January 31 2009 Estimated average burden hours per response 0.9				
(Print or Type	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					(Cheek)		
1400 WEST 94TH STREET			(Month/Day/Year) 12/03/2014					Director 10% Owner X Officer (give title Other (specify below) below) Vice President				
	(Street)			ndment, Da nth/Day/Year)	-			6. Individual or Joi Applicable Line) _X_ Form filed by O	ne Reporting Per	rson		
BLOOMIN	GTON, MN 5541	3						Form filed by Me Person	ore than One Rej	porting		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securi	ties Acq	uired, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	Date, if	3. Transactio Code (Instr. 8) Code V	(Instr. 3, 4	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								5,168	I	By Benefit Plan Trust		
Common Stock	12/03/2014			A	65.977	А	\$ 39.03	8,976	I	By Benefit Plan Trust		
Common Stock								34,739	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	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							
I B	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	ct for Ma	ry Lynne	12/04/	/2014				

**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