#### DONALDSON CO INC

Form 4

September 11, 2015

Check this box

if no longer

Section 16.

Form 4 or

subject to

INITED STATES SECURITIES ANI	D EXCHANGE COMMISSI	ίΟΝ
	UNITED STATES SECURITIES AN	UNITED STATES SECURITIES AND EXCHANGE COMMISSI

#### **OMB APPROVAL**

OMB 3235-0287 Number:

January 31, Expires: 2005

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Estimated average

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Form 5 obligations may continue. See Instruction

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

Washington, D.C. 20549

1(b).

(Print or Type Responses)

1. Name and Ad Carpenter To	dress of Reporting Person *\frac{*}{2} d E.	2. Issuer Name <b>and</b> Ticker or Trading Symbol DONALDSON CO INC [DCI]	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (Middle)	3. Date of Earliest Transaction	(Check all applicable)			
1400 WEST 94TH STREET		(Month/Day/Year) 09/09/2015	_X Director 10% Owner _X Officer (give title Other (specify below)  President/CEO			
	(Street)	4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check			
RI OOMING	TON MN 55421 2202	Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			

#### BLOOMINGTON, MN 55431-2303 (Ctata)

(City)	(State) (	Table Table	e I - Non-D	erivative S	Securi	ties Acqu	iired, Disposed of	, or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securities Acquired etion(A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of 6. Securities Ownership Beneficially Form: Direct Owned (D) or Following Indirect (I)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	
Common Stock	09/09/2015		A	34.599	A	\$ 31.13	2,653	I	By Benefit Plan Trust
Common Stock							8,355	I	By Benefit Plan Trust
Common Stock							60,912	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)

Person

#### Edgar Filing: DONALDSON CO INC - Form 4

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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	2.	3. Transaction Date		4.	5.	6. Date Exerc		7. Titl		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)			onNumber	Expiration D		Amou		Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	, ,	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	. 3 and 4)		Own
	Security				Acquired						Follo
	-				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						(111511
					4, and 5)						
					+, and 3)						
									Amount		
						ъ.			or		
						Date	Expiration	Title	Number		
						Exercisable	Date		of		
				Code V	(A) (D)				Shares		
				Code V	(A) $(D)$				Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
Carpenter Tod E. 1400 WEST 94TH STREET BLOOMINGTON, MN 55431-2303	X		President/CEO				

## **Signatures**

Amy C. Becker, Attorney-in-fact for Tod E.
Carpenter 09/11/2015

\*\*Signature of Reporting Person 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.

Reporting Owners 2