## Edgar Filing: PALL CORP - Form 4

Form 4										
February 03 FORN Check t if no lor subject Section Form 4 Form 5 obligati may cor <i>See</i> Inst 1(b).	<b>M 4</b> UNITED his box nger to 16. or StateM filed pur Section 17(	MENT OF rsuant to S (a) of the P	Wa CHAN ection 1 Public U	shington NGES IN SECUI (6(a) of th (tility Hol	, D.C. 2054 BENEFIC RITIES ne Securitie	19 CIAL OV s Exchar any Act	COMMISSIO VNERSHIP OF nge Act of 1934, of 1935 or Secti 940	N OMB Number: Expires: Estimated burden hou response.	urs per	
(Print or Type	Responses)									
1. Name and Jones R. B	Address of Reporting rent		Symbol	er Name <b>an</b> CORP [P]	d Ticker or Tr LL]	ading	5. Relationship Issuer	of Reporting Per eck all applicabl		
(Last) C/O PALL HARBOR		3. Date of Earliest Transaction (Month/Day/Year) 01/31/2015			Director 10% Owner X Officer (give title Other (specify below) below) SVP, Corp. Devel. & Treasurer					
				4. If Amendment, Date Original Filed(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting Person</li> </ul>			
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative Se	curities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8) Code V	4. Securities nAcquired (A Disposed of (Instr. 3, 4 au (A o Amount (I	) or (D) nd 5) (A) r	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)	
Reminder: Re	port on a separate line	e for each cla	ss of sec	urities bene	ficially owned	l directly o	or indirectly.			
					informat required	ion cont to respo a currer	pond to the colle ained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	
	Tab	le II - Deriva	ative Sec	urities Acq	uired, Dispo	sed of, or	Beneficially Owne	d		

(e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Acquired (A) Disposed of (I (Instr. 3, 4, an	D)				
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Base Salary Units	<u>(1)</u>	01/31/2015		А		1,483.688 (2)		01/31/2019	(3)	Common Stock	1,483.68

## **Reporting Owners**

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
Jones R. Brent C/O PALL CORPORATION, 25 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050			SVP, Corp. Devel. & Treasurer	
Signatures				
/s/ Adam Mandelbaum as Attorney-i Jones	n-Fact fo	or R. Brent	02/03/2015	
<u>**</u> Signature of Reporting Pe	erson		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).

The Units were granted pursuant to the Pall Corporation Management Stock Purchase Plan. Each unit represents a contingent right to (1) receive an equal number of shares of the Issuer's common stock on the date shown in Column 6, subject to adjustments if the Reporting Person's employment with the Issuer terminates under certain circumstances prior to the date shown in Column 6.

- (2) Includes 741.844 matching units granted by the Issuer for which the price in Column 8 was not paid.
- (3) Units do not have an expiration date.

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.