## Edgar Filing: Platz Wolfgang - Form 4

Platz Wolfgan Form 4	-										
January 23, 20											
FORM	4 UNITED	STATES	SECU	RITIES	AND EX	CHANGI	E COMMISSION		PPROVA	۰L	
Washington, D.C. 20549									3235-	0287	
Check this if no longe	r	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP O								ry 31, 2005	
subject to Section 16. Form 4 or Form 5		SECU	RITIES	Estimated burden hou response	average urs per	0.5					
obligations may contin <i>See</i> Instruc 1(b).	Section 17(	(a) of the	Public U	Jtility Ho	lding Co		ange Act of 1934, t of 1935 or Sectio 1940	on			
(Print or Type Re	esponses)										
1. Name and Address of Reporting Person <u>*</u> Platz Wolfgang			2. Issuer Name <b>and</b> Ticker or Trading Symbol PALL CORP [PLL]				5. Relationship of Reporting Person(s) to Issuer				
(Last) (First) (Middle)			3. Date of Earliest Transaction				(Check all applicable)				
C/O PALL CORPORATION, 25 HARBOR PARK DRIVE			(Month/Day/Year) 01/16/2013				Director 10% Owner X Officer (give title Other (specify below) below) President, Pall Europe				
	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>							
PORT WASH	HINGTON, NY	11050					Person		eporting		
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Securities 2	Acquired, Disposed o	of, or Beneficia	lly Owned	1	
	. Transaction Date Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3,	(A) or of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature Indirect Beneficia Ownershi (Instr. 4)	ıl	
				Code V	Amount	(D) Price					
Reminder: Repor	rt on a separate line	e for each cl	ass of sec	urities bene	-	-	-				
					inforr requi	nation con red to resp ays a curre	spond to the colle tained in this form ond unless the for ently valid OMB co	are not rm	SEC 1474 (9-02)		
	Tab					sposed of, or convertible	r Beneficially Owned securities)	I			

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amour
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securit
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) or Disposed of (D) (Instr. 3, 4, and 5)				
				Code	v	(A) (D)	Date Exercisable	Expiration Date	Title	Amo Num Share
Employee Stock Options (Rights to Buy)	\$ 64.8	01/16/2013		A		14,938	<u>(1)</u>	01/16/2020	Common Stock	14
Restricted Stock Units	(2)	01/16/2013		A		4,269.921	01/16/2017	01/16/2017	Common Stock	4,26

## **Reporting Owners**

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
Platz Wolfgang C/O PALL CORPORATION 25 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050			President, Pall Europe						
Signatures									
/s/ Cherita Thomas as Attorney-in-Fact for Wolfgang Platz 01/23/2013									
**Signature of Reporting Pers	son		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).
- (1) The Stock Options will vest 25% on each of the first four anniversaries of the date shown in Column 3 provided the reporting person is still employed by the Issuer or a subsidiary on that date.

The Units will vest and become convertible into shares of Common Stock of the Issuer on a one-for-one basis on the date shown in Column 6 provided the Reporting Person is still employed by the Issuer or a subsidiary on that date. If employment terminates sooner, the

(2) Column o provided the Reporting Person is suit employed by the issuer of a subsidiary on that date. If employment terminates sooner, the Units will be forfeited unless termination of employment occurs because of death, disability, retirement, or termination of employment without cause, in any of which events the Units may vest in whole or in part.

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.