Edgar Filing: PALL CORP - Form 4

PALL CORP											
Form 4	12										
December 13, 20									PPROVAL		
FORM 4	N OMB	3235-0287									
Check this box Washington, D.C. 20549											
if no longer				NCES IN	IDENIEI	Expires:	January 31 2005				
subject to Section 16. Form 4 or								Estimated burden hou response	urs per		
Form 5 obligations may continue. See Instruction 1(b).	Section 17((a) of the l	Public U	Jtility Ho	lding Co		ange Act of 1934, t of 1935 or Secti 1940		. 0.		
(Print or Type Respo	onses)										
CHANDY RUBY R Sy			2. Issuer Name and Ticker or Trading Symbol PALL CORP [PLL]			5. Relationship of Reporting Person(s) to Issuer					
			3. Date of Earliest Transaction				(Ch	eck all applicabl	all applicable)		
C/O PALL COR HARBOR PARI	(Month/Day/Year) 12/11/2013			Director 10% Owner X Officer (give title Other (specify below) below) Group VP, Pres. Industrial							
(Street) 4. If Amendment, Date Orig Filed(Month/Day/Year)					-	al	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
	0101,111	11050					Person				
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	e Securities	Acquired, Disposed	of, or Beneficia	lly Owned		
	ansaction Date nth/Day/Year)	2A. Deem Execution any (Month/Da	Date, if	Code (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3, Amount	l (A) or l 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)		
Reminder: Report or	n a separate line	e for each cl	ass of sec	urities bene	Perso infor requi	ons who re mation con red to resp ays a curre	or indirectly. spond to the collect tained in this form ond unless the fo ently valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tab					sposed of, or convertible	r Beneficially Owned securities)	d			

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	or Dispos (D)	(Instr. 3, 4,				
				Code V	7 (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Options (Rights to Buy)	\$ 82.47	12/11/2013		А	14,953		<u>(1)</u>	12/11/2020	Common Stock	14,953
Restricted Stock Units	(2)	12/11/2013		А	3,005		12/11/2016	12/11/2016	Common Stock	3,005

Reporting Owners

Reporting Owner Name / Address			Relationships	
	Director	10% Owner	Officer	Other
CHANDY RUBY R C/O PALL CORPORATION, 25 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050			Group VP, Pres. Industrial	
Signatures				
/s/ Cathleen Colvin as Attorney-in-F Chandy	Fact for R	uby R.	12/13/2013	
<u>**</u> Signature of Reporting Per	rson		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 Stock Options will vest 33.33% on each of the first three anniversaries of the date shown in Column 3 provided the reporting person is still employed by the Issuer or a subsidiary on that date (unless the termination of employment is by reason of: (i) death, in which case

(1) Is suffering of the issuer of a substituty on that date (unless the termination of employment is by reason of. (i) death, in which case all unvested options will continue to vest according to the vesting schedule).

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

(2) Column 6 provided the Reporting Person is still employed by the Issuer or a subsidiary on that date. If employment terminates sooner, the Units will be forfeited unless termination of employment occurs because of death, disability or retirement, in any of which events the Units will 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.