## Edgar Filing: DORSMAN PETER A - Form 4

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Form 4	10												
July 02, 20													
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									NNT.	OMB APPROVAL			
	UNITED		CURITIES AND EXCHANGE CON Washington, D.C. 20549						B nber:	3235-0287			
Check this box if no longer									Exp	ires:	January 31,		
subject	F CHANGES IN BENEFICIAL OWNERSHIP OF							Expires: 2005 Estimated average					
Section		SECU	RITIES					burden hours per					
Form 4			•	16() 6	1 0				•	onse	0.5		
	Form 5 obligations 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												
may co	ntinue. Section 17			Utility Ho Investmei	•	-	•		tion				
<i>See</i> Ins 1(b).	truction	30(II)	of the	mvesunei	in Compa			40					
1(0).													
(Print or Type	e Responses)												
1. Name and	Address of Reporting	g Person <u>*</u>	2. Issu	uer Name <b>a</b> i	nd Ticker (	or Tra	ding	5. Relationship	of Repor	f Reporting Person(s) to			
DORSMA	Symbol				U	Issuer							
			APPL	IED IND	USTRIA	L		(Check all applicable)					
			TECHNOLOGIES INC [AIT]					(Check all applicable)					
(Last)	(First)	(First) (Middle) 3. D			. Date of Earliest Transaction				_X_Director10% Owner				
			(Month/Day/Year)					Officer (give title Other (specify below) below)					
ONE APPLIED PLAZA			06/29/2018										
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check					
		Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person						
CLEVEL	AND, OH 44115							Form filed b					
CLLVLL	MD, 011 44115							Person					
(City)	(State)	(Zip)	Та	ble I - Non	-Derivativ	e Seci	urities Ac	quired, Disposed	l of, or Bo	eneficial	lly Owned		
1.Title of	2. Transaction Date			3.	4. Securit			5. Amount of	6.		Nature of		
Security (Instr. 3)	(Month/Day/Year)	Execution 1 any	Date, if	Transactio Code	ransaction(A) or Disposed of (D) dode (Instr. 3, 4 and 5)			Securities Beneficially	Ownersh Form:	1	lirect Beneficial		
(11150.5)		(Month/Da	(Instr. 8)	(1150. 5,	+ anu .	5)	Owned	Direct (I		Ownership (Instr. 4)			
							Following	or Indire	ct	t			
						(A)		Reported Transaction(s)	(I) (Instr. 4)				
				Cala V	A	or	Duiter	(Instr. 3 and 4)	(msu. r)				
				Code v	Amount	(D)	Price			De	eferred		
Common	06/29/2018			А	158.49	А	\$	37,007.43	Ι		ompensation		
Stock							69.75	.,		Pla	-		
Common													
Stock								5,367	D				

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships								
	Director	10% Owner	Officer	Other					
DORSMAN PETER A ONE APPLIED PLAZA CLEVELAND, OH 44115	Х								
Signatures									
Dianne Misenko/POA for Peter Dorsman	r A.	07.	/02/2018						
**Signature of Reporting Person			Date						
Explanation of Posponeoes									

## **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.