NORDSON CORP Form 4

December 10, 2013

## FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL OMB** 

3235-0287 Number: January 31,

Expires:

5. Relationship of Reporting Person(s) to

Issuer

2005 Estimated average 0.5

burden hours per response...

if no longer subject to Section 16. Form 4 or

Check this box

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

2. Issuer Name and Ticker or Trading

1(b).

(Print or Type Responses)

VEILLETTE ROBERT E

1. Name and Address of Reporting Person \*

VEILLETT	E ROBERT E		Symbol NORDS	SON COR	P [NDS	N]		Issuer (Che	ck all applicabl	e)	
(Last) (First) (Middle) 28601 CLEMENS ROAD			3. Date of Earliest Transaction (Month/Day/Year) 12/07/2013					Director 10% Owner Officer (give title Other (specify below) VP, General Counsel & Sec			
	(Street)			endment, Da nth/Day/Year	U	.1		6. Individual or J Applicable Line) _X_ Form filed by	One Reporting P	erson	
WESTLAK	E, OH 44145							Form filed by l	More than One R	eporting	
(City)	(State)	(Zip)	Tabl	le I - Non-D	erivative	Secui	rities Acq	uired, Disposed o	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8)	4. Securi on(A) or Di (Instr. 3,	ispose	d 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)	
Common Shares	12/07/2013			F	130	D	\$ 73.96	8,875 (1)	D		
Common Shares								2,531 (2)	I	Company ESOP and 401(k) Plan	
Reminder: Rep	ort on a separate line	e for each cla	ass of secu	rities benef	icially own	ned di	rectly or i	ndirectly.			

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transacti	5. onNumber	6. Date Exer Expiration D		7. Title and A Underlying S		8. Price Derivati
Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	of	(Month/Day,		(Instr. 3 and		Security (Instr. 5]
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Share Equivalent Units	(3)					<u>(3)</u>	(3)	Common Shares	(3)	

## **Reporting Owners**

Reporting Owner Name / Address	Keiationsinps						
	Director	10% Owner	Officer	Other			
VEILLETTE ROBERT E 28601 CLEMENS ROAD WESTLAKE, OH 44145			VP, General Counsel & Sec				

### **Signatures**

Robert E.
Veillette

\*\*Signature of Reporting Person

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## **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) Includes 223 shares acquired through participation in the Company's Dividend Reinvestment Plan.
- (2) Balance as of October 31, 2013.

Share equivalent units acquired through deferral of performance shares awarded under Amended and Restated 2004 Long Term

Performance Plan. Deferrals are made to the Nordson Stock Measurement Fund of the Amended and Restated 2005 Deferred

Compensation Plan. Share equivalent units are settled in common shares at reporting person's termination of employment or retirement.

Compensation Plan. Share equivalent units are settled in common shares at reporting person's termination of employment or retirement subject to delayed distribution rules of Internal Revenue Code Section 409(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.

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