#### MOSCHELLA FRANCIS B

Form 4 July 18, 2007

### FORM 4

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

Check this box if no longer

subject to Section 16. Form 4 or

**SECURITIES** 

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person \*

MOSCHELLA FRANCIS B

(First) (Middle)

PALL CORPORATION, 2200 NORTHERN BLVD.

(Street)

EAST HILLS, NY 11548

2. Issuer Name and Ticker or Trading

Symbol

PALL CORP [PLL]

3. Date of Earliest Transaction (Month/Day/Year)

07/17/2007

4. If Amendment, Date Original

Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to

OMB

Number:

Expires:

response...

Estimated average

burden hours per

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

Issuer

(Check all applicable)

Director 10% Owner \_X\_ Other (specify Officer (give title

below) below) Employee

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

(City) (State) (Zip)

1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) (Instr. 3)

Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code (Instr. 8)

Disposed of (D) (Instr. 3, 4 and 5)

Code V Amount (D) Price

(A)

5. Amount of Securities Beneficially Owned Following

Reported

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial (T) (Instr. 4)

Ownership (Instr. 4)

Transaction(s) (Instr. 3 and 4)

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.

SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security

Conversion or Exercise

3. Transaction Date 3A. Deemed (Month/Day/Year)

Execution Date, if any

4. 5. Number Transaction of Derivative Expiration Date Code Securities

6. Date Exercisable and (Month/Day/Year)

7. Title and Amount of **Underlying Securities** (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	Amount or Number of Shares
Employee Stock Options (Rights to Buy)	\$ 48.72	07/17/2007		A	437	07/17/2008	07/17/2014	Common Stock	437
Employee Stock Options (Rights to Buy)	\$ 48.72	07/17/2007		A	438	07/17/2009	07/17/2014	Common Stock	438
Employee Stock Options (Rights to Buy)	\$ 48.72	07/17/2007		A	437	07/17/2010	07/17/2014	Common Stock	437
Employee Stock Options (Rights to Buy)	\$ 48.72	07/17/2007		A	438	07/17/2011	07/17/2014	Common Stock	438
Restricted Stock Units	<u>(1)</u>	07/17/2007		A	1,090	07/17/2011	07/17/2011	Common Stock	1,090

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
Topolong of the Figure 1	Director	10% Owner	Officer	Other			
MOSCHELLA FRANCIS B PALL CORPORATION 2200 NORTHERN BLVD. EAST HILLS, NY 11548				Employee			
Signatures							
Jeff Molin as Attorney-in-Fact Moschella	for Franc	is B		07/18/2007			

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\*\*Signature of Reporting Person

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 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 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.

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