PALL CORP Form 4 January 12, 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

Form 5 obligations may continue.

See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

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

(Print or Type Responses)

1. Name and Address of Reporting Person *

BARTLETT MARY ANN

(First) (Middle) (Last)

PALL CORPORATION, 2200 NORTHERN BLVD.

(City)

1. Title of

Security

(Instr. 3)

(Street)

(State)

(Month/Day/Year)

(Zip)

EAST HILLS, NY 11548

2. Transaction Date 2A. Deemed

2. Issuer Name and Ticker or Trading

Symbol

PALL CORP [PLL]

3. Date of Earliest Transaction

(Month/Day/Year)

01/10/2007

4. If Amendment, Date Original

Filed(Month/Day/Year)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 3. 4. Securities 5. Amount of

Execution Date, if TransactionAcquired (A) or Code Disposed of (D) (Month/Day/Year) (Instr. 8)

(Instr. 3, 4 and 5)

Following Reported (A) Transaction(s)

(Instr. 3 and 4) Code V Amount (D) Price

Issuer

below)

Person

Securities

Owned

Beneficially

Director

Applicable Line)

X_ Officer (give title

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

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.

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

1. Title of Derivative Conversion Security 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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3235-0287

January 31,

2005

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Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

(Check all applicable)

Sr VP, Gen Counsel & Secretary

6. Ownership

Form: Direct

(D) or Indirect Beneficial

6. Individual or Joint/Group Filing(Check

X Form filed by One Reporting Person Form filed by More than One Reporting

(T)

(Instr. 4)

10% Owner

Other (specify

7. Nature of

Ownership

(Instr. 4)

Indirect

Estimated average

burden hours per

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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)	\$ 34.07	01/10/2007		A	3,500	01/10/2008	01/10/2014	Common Stock	3,500
Employee Stock Options (Rights to Buy)	\$ 34.07	01/10/2007		A	3,500	01/10/2009	01/10/2014	Common Stock	3,500
Employee Stock Options (Rights to Buy)	\$ 34.07	01/10/2007		A	3,500	01/10/2010	01/10/2014	Common Stock	3,500
Employee Stock Options (Rights to Buy)	\$ 34.07	01/10/2007		A	3,500	01/10/2011	01/10/2014	Common Stock	3,500
Restricted Stock Units	<u>(1)</u>	01/10/2007		A	3,000	01/10/2011	01/10/2011	Common Stock	3,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
r-	Director	10% Owner	Officer	Other			
BARTLETT MARY ANN							
PALL CORPORATION			Ca VD. Con Councel & Countain				
2200 NORTHERN RI VD			Sr VP, Gen Counsel & Secretary				

2200 NORTHERN BLVD. EAST HILLS, NY 11548

Signatures

Jeff Molin as Attorney-in-Fact for Mary Ann
Bartlett
01/12/2007

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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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