

NORDSON CORP  
Form 144  
May 26, 2016

OMB APPROVAL  
OMB Number 3235-0101  
Expires: May 31, 2017  
Estimated average burden  
hours per response 1.00

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

**FORM 144**

**NOTICE OF PROPOSED SALE OF SECURITIES**  
**PURSUANT TO RULE 144 UNDER THE SECURITIES ACT OF 1933**

SEC USE ONLY  
DOCUMENT SEQUENCE NO.

CUSIP NUMBER

WORK LOCATION

**ATTENTION:** *Transmit for filing 3 copies of this form concurrently with either placing an order with a broker to execute sale or executing a sale directly with a market maker.*

1 (a) NAME OF ISSUER (Please type or print)

(b) IRS IDENT. NO. (c) S.E.C. FILE NO.

Nordson Corporation

34-0590250

0-7977

1 (d) ADDRESS OF ISSUER

STREET

CITY

STATE

ZIP CODE

(e) TELEPHONE NO.

AREA CODE NUMBER

28601

Clemens Road

Westlake

Ohio

44145

440

892-1580

(a) NAME OF PERSON FOR WHOSE ACCOUNT  
THE SECURITIES ARE TO BE SOLD

(b) RELATIONSHIP TO  
ISSUER

(c) ADDRESS  
STREET

CITY STATE ZIP CODE

Douglas C. Bloomfield

Officer

Westlake Oh.

44145

2861 Clemens Road

**INSTRUCTION:** *The person filing this notice should contact the issuer to obtain the I.R.S. Identification Number and the S.E.C. File Number.*

| 3 (a)        | (b)                             | SEC<br>USE ONLY |       | (d)    | (e)             | (f)                           | (g)                             |
|--------------|---------------------------------|-----------------|-------|--------|-----------------|-------------------------------|---------------------------------|
| Title of the | Name and Address of Each Broker | Through Whom    | File  | or     | Market          | Approximate                   | Name of Each                    |
| Class of     | Through Whom                    | File            | or    | Market | Other Units     | Date of Sale                  | Securities                      |
| Securities   | the Securities are              | Number          | Other | Units  | Value           | Outstanding (See instr. 3(f)) | Exchange                        |
| To Be Sold   | to be Offered or Each Market    |                 | To Be | Sold   | See instr. 3(d) | See instr. 3(e)               | (MO. DAY YR.) (See instr. 3(g)) |
|              | Maker who is                    |                 |       |        |                 |                               |                                 |
|              | Acquiring the                   |                 |       |        |                 |                               |                                 |
|              | Securities                      |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       |        |                 |                               |                                 |
|              |                                 |                 |       | </     |                 |                               |                                 |

**INSTRUCTIONS:**

1. (a) Name of issuer  
(b) Issuer's I.R.S. Identification Number  
(c) Issuer's S.E.C. file number, if any  
(d) Issuer's address, including zip code  
  
(e) Issuer's telephone number, including area code
2. (a) Name of person for whose account the securities are to be sold  
(b) Such person's relationship to the issuer (e.g., officer, director, 10% stockholder, or member of immediate family of any of the foregoing)  
(c) Such person's address, including zip code
3. (a) Title of the class of securities to be sold  
(b) Name and address of each broker through whom the securities are intended to be sold  
(c) Number of shares or other units to be sold (if debt securities, give the aggregate face amount)  
(d) Aggregate market value of the securities to be sold as of a specified date within 10 days prior to the filing of this notice  
(e) Number of shares or other units of the class outstanding, or if debt securities the face amount thereof outstanding, as shown by the most recent report or statement published by the issuer  
  
(f) Approximate date on which the securities are to be sold  
(g) Name of each securities exchange, if any, on which the securities are intended to be sold

**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 control number.**

SEC 1147  
(08-07)

**TABLE I SECURITIES TO BE SOLD**

*Furnish the following information with respect to the acquisition of the securities to be sold  
and with respect to the payment of all or any part of the purchase price or other consideration therefor:*

| Class of<br>Shares | Date you<br>Acquired | Nature of Acquisition Transaction<br>(If gift, also give date donor acquired) | Name of Person from Whom Acquired | Amount of<br>Securities Acquired | Date of<br>Payment |
|--------------------|----------------------|-------------------------------------------------------------------------------|-----------------------------------|----------------------------------|--------------------|
|                    | 2-27-2015            | Stock Swap (orig.<br><br>Acquired via Restricted<br>Share Vesting 7-7-13)     | Issuer                            | 811                              |                    |
|                    | 2-27-2015            | Stock Swap (orig.<br><br>Acquired via Restricted<br>Share Vesting 11-29-13)   |                                   | 405                              |                    |

**INSTRUCTIONS:** If the securities were purchased and full payment therefor was not made in cash at the time of purchase, explain in the table or in a note thereto the nature of the consideration given. If the consideration consisted of any note or other obligation, or if payment was made in installments describe the arrangement and state when the note or other obligation was discharged in full or the last installment paid.

**TABLE II SECURITIES SOLD DURING THE PAST 3 MONTHS**

*Furnish the following information as to all securities of the issuer sold during the past 3 months by the person for whose account the securities are to be sold.*

| Name and Address of<br>Seller | Title of Securities Sold | Date of Sale | Amount of<br>Securities Sold | Gross Proceeds |
|-------------------------------|--------------------------|--------------|------------------------------|----------------|
| None                          |                          |              |                              |                |
| <b>REMARKS:</b>               |                          |              |                              |                |

**INSTRUCTIONS:**

See the definition of "person" in paragraph (a) of Rule 144. Information is to be given not only as to the person for whose account the securities are to be sold but also as to all other persons included in that definition. In addition, information shall be given as to sales by all persons whose sales are required by paragraph (e) of Rule 144 to be aggregated with sales for the account of the person filing this notice.

**ATTENTION:**

*The person for whose account the securities to which this notice relates are to be sold hereby represents by signing this notice that he does not know any material adverse information in regard to the current and prospective operations of the Issuer of the securities to be sold which has not been publicly disclosed. If such person has adopted a written trading plan or given trading instructions to satisfy Rule 10b5-1 under the Exchange Act, by signing the form and indicating the date that the plan was adopted or the instruction given, that person makes such representation as of the plan adoption or instruction date.*

5-26-2016

/s/ Douglas C. Bloomfield

DATE OF NOTICE

(SIGNATURE)

DATE OF PLAN ADOPTION OR GIVING OF  
INSTRUCTION,

IF RELYING ON RULE 10B5-1

*The notice shall be signed by the person for whose account the securities are to be sold. At least one copy of the notice shall be manually signed. Any copies not manually signed shall bear typed or printed signatures.*

**ATTENTION: Intentional misstatements or omission of facts constitute Federal Criminal Violations (See 18 U.S.C. 1001)**

SEC 1147 (02-08)