Edgar Filing: CRAWFORD MATTHEW V - Form 4

CRAWFOR Form 4 January 05, 2	D MATTHEW V 2010											
									OMB A	PPROVAL		
FORM	UNITED	STATES		RITIES A shington,			NGE (COMMISSION	OMB Number:	3235-0287		
Check th if no long	rer.								Expires:	January 31, 2005		
subject to Section 1 Form 4 o	6. SECURITIES							NERSHIP OF		ated average n hours per		
Form 5 obligatio may cont <i>See</i> Instru 1(b).	ns Section 17(a) of the 1	Public U		ling Com	ipany	Act of	e Act of 1934, f 1935 or Sectic 40	n			
(Print or Type I	Responses)											
1. Name and Address of Reporting Person <u>*</u> CRAWFORD MATTHEW V			2. Issuer Name and Ticker or Trading Symbol PARK OHIO HOLDINGS CORP					5. Relationship of Reporting Person(s) to Issuer				
		[PKOH]					(Check all applicable)					
(Last) 6065 PARK	(Month				e of Earliest Transaction h/Day/Year) /2009				_X_ Director _X_ 10% Owner _X_ Officer (give title Other (specify below) below) President & COO			
	(Street)			4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
				nth/Day/Year	-			Applicable Line) _X_ Form filed by Form filed by 1	One Reporting F	Person		
CLEVELA	ND, OH 44124							Person		oporting		
(City)	(State)	(Zip)	Tabl	le I - Non-D	erivative S	Securi	ties Acc	quired, Disposed o	f, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, i any (Month/Day/Yea		n Date, if	Code (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common Stock	12/01/2009			М	50,000	А	\$ 1.91	1,113,576	D			
Common Stock (1)								11,700	I	Crawford Capital Company		
Common Stock (1)								41,401	Ι	First Francis Company, Inc.		

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

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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 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. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Employee Stock Option (2)	\$ 1.91	12/01/2009		М		5,000	11/30/2001 <u>(3)</u>	11/30/2011	Common Stock	5,00
Employee Stock Option (2)	\$ 1.91	12/01/2009		М		45,000	11/30/2002 <u>(4)</u>	11/30/2012	Common Stock	45,0

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
CRAWFORD MATTHEW V 6065 PARKLAND BOULEVARD CLEVELAND, OH 44124	Х	Х	President & COO				
Signatures							
Linda Kold Attorney-In-Fact for M	atthew V						

Linda Kold, Attorney-In-Fact for Matthew v. 01/04/2010 Crawford **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 reporting person is a shareholder of the corporation that owns the reported securities and disclaims beneficial ownership of the (1)reported securities except to the extent of his pecuniary interest therein.
- (2) Right to buy
- The options, which were replacement options, vested on the same schedule as the canceled options, meaning that the options were vested (3)at the time of the grant on November 30, 2001.

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(4) The option vests in three (3) equal installments beginning on November 30, 2002.

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.