FORM 4 Check this box if no longer subject

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

hours per response:

1. Name and Address of Reporting Person* CRAWFORD EDWARD F						2. Issuer Name and Ticker or Trading Symbol PARK OHIO HOLDINGS CORP [PKOH]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) 6065 PARKLAND BLVD.				3. Date of Earliest Transaction (Month/Day/Year) 05/01/2015									2	C Director Office below)	r (give title		Owner (specify w)		
(Street) CLEVELAND OH 44124				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person					
(City) (State) (Zip)															-		son porting Person		
				Table I - No	n-Deriv	ative	Secu	rities Ac	quired, Dis	spos	ed of, or	Benefici	ally O	wned					
Dat				Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired Disposed Of (D) (Instrand 5)		Secur Bene Owne Repo		icially d Following ted	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
									Code	V	Amou) or D)	Price		ction(s) 3 and 4)			
Common Stock 05/01/20					015				M		25,00	00	A	\$14.9	1,4	51,330	D		
Common Stock 05/01/20					015				F		13,53	37	D	\$46.3	3 1,4	137,793	D		
Common S	tock(1)														2	2,500	I	L'Accent Provence	
Common Stock ⁽¹⁾															1	1,700	I	Crawford Capital Company	
Common Stock ⁽¹⁾															4	1,401	I	First Francis Company, Inc.	
Common Stock ⁽²⁾															1	9,841	I	Individual Account Retirement Plan	
Common Stock ⁽³⁾														9,500		I	Spouse		
				Table II -					ired, Disp				y Ow	ned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transac Code	ction of Derivative		6. Date Ex and Expira (Month/Da	ercis ation	able Date	7. Title Amoun Securiti Underly Derivat	Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
						v	(A)	(D)	Date Exercisable		piration Date	Title	Nu	ount or mber of ares					
Employee Stock Option Right to	\$14.9	05/01/2015			М			25,000	(4)	05	/02/2015	Commo Stock	n 25	,000	\$14.9	0	D		

Explanation of Responses:

- 1. The reporting person is a shareholder of the corporation that owns the reported securities and disclaims beneficial ownership of the reported securities except to the extent of his pecuniary interest
- 2. Number of shares reported in Individual Account Retirement Plan as of December 31, 2014.
- 3. The reporting person disclaims beneficial ownership of all securities held by his wife and this report shall not be deemed an admission that the reporting person is the beneficial owner of those shares for purposes of Section 16 for any other purpose.
- 4. The option vested in three equal installments on 5/2/2006, 5/2/2007 and 5/2/2008.

Remarks:

Linda Kold, Attorney-In-Fact for Edward F. Crawford

05/04/2015

** Signature of Reporting Person

Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.